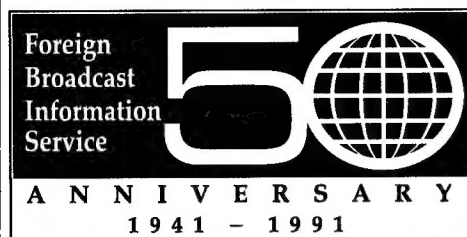


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24 SEPTEMBER 1991



JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

JPRS-TEP-91-020

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24 September 1991

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REGIONAL AFFAIRS

Malawi, Zimbabwe, Zambia Lead in Confirmed AIDS Cases

MB1408135691 Johannesburg SAPA in English
1331 GMT 14 Aug 91

[Text] Harare Aug 14 SAPA—Zimbabwe has the second highest total of AIDS cases in southern Africa after Malawi, but the country is nearing the end of the HIV epidemic, a visiting South African senior research fellow said in Harare on Wednesday, reports ZIANA National News Agency.

Mr. Alan Whiteside, of the Economic Research Unit of the University of Natal and Southern Africa Foundation for Economic Research fellow, said this when he addressed a breakfast seminar on the implications of HIV infection and AIDS to industry.

"Zimbabwe currently has the highest total of AIDS cases in southern Africa after Malawi," said Mr Whiteside, quoting latest World Health Organisation figures which show that Malawi leads with 7,160 confirmed cases, followed by Zimbabwe with 5,249.

Zambia has the third highest cases having reported 4,036.

"There is under-reporting of AIDS cases. The under-reporting may occur because of lack of coverage, people die without being seen by the Western medical system, or because of inefficiency.

"I can't speculate on what level of under-reporting there is in Zimbabwe. The original cover-up of AIDS data no longer applies and I think that the country has made great strides in assessing the true situation," he said.

AIDS Experts Cited on Impact of Disease in Southern Africa

MB1908203891 Johannesburg SAPA in English
2012 GMT 19 Aug 91

[Text] Johannesburg Aug 19 SAPA—Contrary to a recent prediction that the HIV epidemic in Zimbabwe is nearing an end, AIDS expert Dr. Ruben Sher believes southern Africa has seen only the beginning of an AIDS crisis.

But he ruled out the doomsday AIDS figures often seen in the media recently predicting a majority of the population dying of the disease.

Speaking in Harare last week, Mr. Alan Whiteside of the economic research unit of the University of Natal said Zimbabwe had the second highest total of AIDS cases in southern Africa after Malawi.

Malawi leads with 7,160 confirmed cases, followed by Zimbabwe with 5,249 and Zambia with 4,036.

However, despite a degree of under-reporting, he believed the HIV epidemic in Zimbabwe was nearing an end.

"I would guess at the moment, the level of HIV prevalence in the Zimbabwean population is between 18 and 20 percent. In my opinion, you are nearing the end of the HIV epidemic," Mr. Whiteside said.

"The good news is that it seems that in general, the level of HIV infection in a population will not exceed 30 to 35 percent."

According to Dr. Ruben Sher of the SA [South African] Institute of Medical Research: "We're already at an epidemic level. In fact, there's a pan epidemic (in southern Africa) and we're only at the beginning. More and more cases are being reported every year.

From the looks of things, Zimbabwe is also only at the beginning of an AIDS epidemic.

"Figures of 30 to 40 percent saturation level are only a guideline. In some cities in the United States levels reached 50 percent.

"It's true that in some places in the U.S. HIV figures levelled off, but that doesn't mean it's over. There are constantly young men becoming newly homosexual. Others are starting to get lax about precautions because they think the threat of AIDS is over."

Although South Africa had the lowest total of AIDS cases—818 reported cases by July 1—in southern Africa, Dr. Sher believed this figure was at least 20 percent under-reported.

"We have to look at the reasons why," he said. "There are political reasons, people don't want to disclose the real figures because this will damage tourism and investment.

"There are not enough doctors who can diagnose AIDS and there are not enough facilities either.

"Also, there are people who die of AIDS without ever seeing a doctor."

Dr. Sher believed AIDS in South Africa would reach saturation point at 30 to 40 percent of the population, drawing a parallel with the prevalence of syphilis before the discovery of penicillin in the 1940's.

"People will change their behaviour as the epidemic progresses."

In ruling out the doomsday AIDS predictions, Dr. Sher said: "It will be more like five to six million South Africans dying by 2005. This is a worst case scenario and depends largely on the kind of drugs that are developed over the years."

Although the figure was serious, he added it was "more realistic than the doomsday predictions."

A recent study by Peter Doyle also showed that AIDS would not result in a negative growth rate.

On the demographic effects of HIV and AIDS in Zimbabwe, Mr. Whiteside said studies showed there would not be a fall in the population level in that country either.

It was more likely that the population growth would decline and then stabilise.

"Unfortunately, there will probably be an increase in infant mortality and many potential mothers will die."

But AIDS could also have a positive result.

"Education campaigns will lead to changing behaviour patterns with fewer multi-partner relationships, the use of condoms, and most importantly—the empowerment of women—with them having the ability to space births.

"This could result in a decline in the birth rate for the right reasons," he said.

Mr. Whiteside said prevalence of the disease in Zimbabwe was among the wealthier class, although it would eventually spread to the lower socio-economic groups.

"As with all diseases these people will be more vulnerable. They will have lower nutritional status, will be more subject to other diseases, will not have the same access to information and may not have the ability to make behavioral changes."

This was backed up by Dr. Sher, but he said South Africa was the exception in the region.

Figures here showed AIDS was not restricted to one particular class but affected the entire society.

He said the eventual cost of AIDS to South African society would depend on many factors.

"It depends on the drugs that are developed and whether AIDS patients are hospitalised.

"If they are hospitalised and treated with AZT the cost to the country will be exorbitant."

Alternatives would have to be looked into, including home care with regular visits by counsellors, doctors and nurses.

"That may not be warranted at the moment, but we're definitely going to have to look at alternatives (to hospitalisation)."

Mr. Whiteside said Zimbabwe would also need alternatives to hospitalisation.

"I believe there is an urgent need to establish home-based care and a treatment protocol.

"It is not fair to expect doctors to make decisions about the level of treatment they are going to provide HIV patients."

BENIN

Seminar on AIDS Begins; Statistics Announced

AB0908194591 Cotonou Office de Radiodiffusion-
Television du Benin Radio Network in French
1930 GMT 7 Aug 91

[Excerpt] A seminar on AIDS has begun in Abomey. The facilitators and supervisors will update the knowledge of nurses, midwives, and assistant nurses about AIDS. On the line to Abomey is Eloja Kouapo with the details:

Kouapo: AIDS has become one of the greatest health concerns of our time. It affects children, youth, and adults, both men and women. AIDS has become a major health problem in Benin, where the first case was detected in 1985. Since then, the number of AIDS cases has risen from 84 as of 1 January 1990 to 158 as of 30 July 1991. In the absence of a known cure or vaccine, the only available tool for combating AIDS is to inform and educate the public. [passage omitted]

DJIBOUTI

AIDS, HIV Situation, Prospects Reviewed

91WE0502A Djibouti LA NATION DE DJIBOUTI
in French 20 Jun 91 p 4

[Article entitled: "Epidemiological Status of Human Immunodeficiency Virus (HIV) Infection and of AIDS in the Republic of Djibouti"; first two paragraphs are LA NATION DE DJIBOUTI introduction]

[Text] The AIDS virus, which according to the World Health Organization (WHO) will infect 40 million people by the year 2000, remains a "scientific challenge" that will be reflected by the Seventh International AIDS Conference opening Sunday in Florence (Italy).

From Monday to Friday, researchers will take stock of the progress they have made in knowledge of AIDS and [in understanding] how the virus functions. Medications that are under development and vaccination and immunotherapy strategies are on the agenda. We take advantage of this conference to examine AIDS in Djibouti.

Djibouti is one of the African countries to which the human immunodeficiency virus was a latecomer. Indeed, the first case of seropositivity was discovered in 1986, and the number of infected persons has grown steadily since. Whereas in 1986 only one seropositive case had been diagnosed, seven seropositive cases were reported in 1987, 27 in 1988, 108 in 1989, and 259 in 1990.

The studies made in the Republic of Djibouti in 1987, 1988, 1990, and 1991 showed that certain population groups were at high risk for contracting the HIV infection. They included illegal prostitutes, bar girls, and patients with sexually transmitted diseases (STDs). Indeed, while the studies conducted in October 1987

found seropositivity rates of 3.0 percent among illegal prostitutes, 1.4 percent among bar girls, and 0.8 percent among men with STDs, respectively, in June of 1988 the seropositivity rate was estimated at 9.0 percent, 2.7 percent, and 0.8 percent for the same three groups. In January 1990, the studies found that the seropositivity rate had climbed to 41.9 percent among illegal prostitutes, 5.8 percent among bar girls, and 2.2 percent among men suffering from STDs.

The 1991 prevalence rate is estimated at 39.6 percent among illegal prostitutes, 13.9 percent among bar girls, and 9.6 percent among men with STDs.

The total number of AIDS cases reported as of 31 December, 1990 was 58, while 30 cases of AIDS were reported during the first quarter of 1991.

The age and sex distribution of AIDS cases diagnosed in 1990 shows that over 70 percent of AIDS patients are male, and that the age group most affected are 20 to 39-year-olds, who make up about 80 percent of AIDS cases.

It is important to point out that the figures for AIDS cases and seropositive individuals are certainly underestimated, and that available figures must be multiplied by ten to get an idea of the real situation.

As these figures show, the situation with respect to human immunodeficiency virus infection and AIDS in Djibouti is increasingly worrisome. Indeed, if we look at the number of cases reported in 1990, the increase over the preceding year, 1989, is estimated at 750 percent. The fact that men outnumber women can be explained by the beginning stages of the epidemic.

Since it is men who go to prostitutes—who make up the reservoir of the infection—it is understandably men who compose the majority of seropositive individuals reported in the initial phase of the epidemic. With time however, seropositive men will transmit the infection to their non-prostitute sexual partners. This means that after a certain interval men and women will be afflicted in the same proportions. It is at that point that a worrisome number of AIDS cases will begin to be reported among children under five, due to mother-child transmission of the HIV infection, which will be higher than it is now.

In addition, the rise in the prevalence rate of HIV infection among tuberculosis patients raises the specter of an increase in their number in the coming years, as has happened in the other African countries. Another disquieting fact is that it is the young (20 to 39 years old), who supply the main strength for the country's socioeconomic development, that are being stricken.

Yet the HIV infection rate among blood donors, which is estimated at 0.49 percent (less than 1 percent), suggests that the prevalence of HIV infection in the general population is still low, and that it is time to protect the

latter by giving it accurate information on modes of transmission and protective measures.

People must know that over 80 percent of AIDS cases are transmitted sexually (at least in Djibouti), through the blood, and from mother to child. They must also know that abstinence and fidelity between sexual partners are the only means to protect themselves against AIDS. Condoms are an alternative for those who, for their own reasons, cannot respect the two golden rules.

It should be stressed, however, that AIDS information is a challenge in itself, in the sense that providing information is not enough to induce individuals or communities to change or adopt a specific behavior. Dissemination of information on AIDS must take into account an entire social, cultural, and religious environment.

Because of this, information to combat AIDS is no longer the concern of the Ministry of Public Health and Social Affairs alone. It is the concern of our whole society. All sectors striving to develop the country socially and economically must feel that they are participants in the fight against AIDS.

GHANA

AIDS Control Program Manager Details Policy

AB2508211791 Accra Ghana Broadcasting Corporation
Radio Network in English 0700 GMT 25 Aug 91

[Excerpts] A PNDC [Provisional National Defense Council] member, Dr. Mary Grant, has said there is the need to revive the AIDS education campaign to make the needed impact. She noted that the educational messages in the media have been stopped for sometime now and this has led many Ghanaians to conclude that AIDS has disappeared from the country or is no longer a problem. This was in an address read on her behalf by the secretary for health, Colonel E.M. Osei-Wusu, at the launching of the mass media campaign on AIDS in Kumasi. The one-year long [campaign] is to involve the mass media in educating the public on the prevention and control of AIDS. [passage omitted]

In aid of the campaign, the United States ambassador, Mr. Raymond Ewing, on behalf of his country pledged \$5 million. The pledge follows an earlier contribution of \$1.3 million during the 1989-1990 campaign. The ambassador said the United States is supporting the program because she shares with Ghana the belief that it is possible to control the spread of AIDS through information, education, and communication.

The AIDS control program manager, Dr. Phyllis Antwi, said reported AIDS figures through the end of March this year were 2,474 [not further specified] with Ashanti region topping the list.

IVORY COAST

Health Minister on Free Treatment Of AIDS Patients

*AB1107070591 Abidjan FRATERNITE MATIN
in French 10 Jul 91 p 3*

[Article by Leon Francis Lebry]

[Summary] A film on AIDS, entitled Partners, was shown at the Hotel Ivoire on 8 July. Present were the ministers of communications and health. A seminar on AIDS was held after the session.

At the seminar, the minister of health announced that at a donors' meeting from 27 to 28 June, over 3.5 billion CFA francs were offered to Ivory Coast for funding its AIDS program in the next five years. The minister also announced that AIDS patients would now be treated free of charge at the Treichville teaching hospital because HIV-infections [as published] and AIDS are now the number one cause of morbidity and mortality in the Ivory Coast, notably among men (14 percent of admissions in the clinical wards at the two teaching hospitals) and the second cause among women.

MALAWI

Minister Reports 15,719 AIDS Cases up to March

*MB2008165691 Dakar PANA in French 1555 GMT
20 Aug 91*

[Text] Blantyre (Malawi) 20 Aug (MANA/PANA)—Health Minister [title as heard] Dr. Hetherwick Ntaba has disclosed that Malawi had recorded 15,719 AIDS cases up to March 1991. Mr. Ntaba, who said this in Lilongwe after a one-day meeting of the National Committee on AIDS, added that the government is concerned about the sharp increase in the number of people dying of AIDS-related diseases. He noted that AIDS cases had totalled 12,074 in October of 1990.

"The issue of AIDS is very important and we must tackle it with sincerity and without reservations," Minister Ntaba said during a meeting with Malawi Congress Party delegates, traditional rulers, religious figures, and government officials. Mr. Ntaba noted that 7,000 AIDS cases had been recorded up to 1989. He added that the struggle and preventive work against AIDS must be intensified.

MOZAMBIQUE

Country's AIDS Statistics Being Revised**Breakdown of Cases**

*91WE0476A Maputo NOTICIAS in Portuguese
20 Jul 91 p 4*

[Excerpt] At the end of 1990, there were 314,611 reported cases of AIDS worldwide, 81,019 of which were on the African continent. Only 162 of these, or about 0.09 percent, were in Mozambique. At that time, the number was among the lowest on the African continent, even taking into account the possibility of underreporting.

Only six months later, although Mozambique is still on the list of countries that have among the fewest cases, the situation has changed radically; it is now believed that we probably have as many cases as other African countries considered to have low infection rates.

We see that 54 cases were reported from January to May; that is, an average of 10 cases per month have been diagnosed throughout the country since January. If, on one hand, the increase in number is an indication of how troubling the AIDS problem is, on the other hand it demonstrates that, to the extent to which the country is developing the technical and material capacity to suspect and diagnose cases, we are coming closer to the actual picture of the extent of AIDS.

From an analysis of the data at our disposal, from 1986, when the first AIDS case was diagnosed in Mozambique, to date (July), the number of cases has increased alarmingly. In 1990, the total number of diagnosed cases was almost triple the number in the preceding year. There were 37 cases in 1989 and 98 cases in 1990. The explanation for this is contained in the previous paragraph.

Analyzing the distribution of cases by province, as in prior years, we continue to observe that Maputo City has the largest number of cases, or almost 41 percent of the total. The nation's capital is followed by Manica Province, with 20 percent of the total cases.

In the case of Maputo City, the high percentage is explained by the city's proximity to the National AIDS Referral Laboratory and by the fact that this is where the activity and dynamic of the central agencies that are devoted to the problem have the greatest impact. With regard to Manica Province, one possible explanation is the large movement of people between this zone and Zimbabwe, which is known as one of the African countries with a large number of AIDS cases.

Up to now, the distribution of reported AIDS cases in the country indicates that the primary means of transmission is heterosexual, from male to female and vice versa. Moreover, as time passes, it is observed that more

new cases are appearing among women, indicating that both sexes are equally susceptible to the disease.

By age group, the epidemiological data at our disposal show that young people between 20 to 40 years of age are more exposed to infection by the AIDS virus than are other groups. However, although the numbers are still low, the prevalence of serum-positive results among new-born infants should be noted, indicating that a large number of women who conceive carry the AIDS virus.

Although HIV-2 has been detected in Mozambique, most of the diagnosed cases are still of the HIV-1 type. However, the distribution of cases by age group indicates that HIV-2 occurs more frequently in the older groups, whereas HIV-1 is more frequent in the younger age groups.

This may be explained by the fact that, according to scientific studies of the behavior of each of the types of virus, the period of incubation for the HIV-2 type is longer than it is for HIV-1. [passage omitted]

Counseling Centers

91WE0476B Maputo NOTICIAS in Portuguese
20 Jul 91 p 4

[Excerpt] The AIDS Coordination Center [CCS] is organizing a counseling service for AIDS patients and HIV-positive individuals, aimed not only at providing the psychological and social support that AIDS patients often need, but also to contribute to the continuing education of the citizens, to persuade them to effect a change in their sexual conduct.

The counseling centers, as the word itself implies, will function to give advice on how to behave and what kind of life to lead to avoid spreading the disease, among other aspects.

Since last January, a counseling service has been functioning at the Central Hospital of Maputo, for patients interned in the various wards; at this time it is seeing patients in at least five wards.

Based on the work already in progress, it is expected that by the end of this year the counseling service will be open to the public, functioning, in a first phase, at the Central Hospital of Maputo, and gradually, also starting this year, in the general hospitals and health centers in the capital.

Considering that Maputo Province is one of the two zones in the country with a large number of diagnosed cases, this year the AIDS Coordination Center, through the Counseling Service now being created, also plans to initiate pilot counseling services in the cities of Chimoio and/or the district seat of Manica, a few meters from the border with Zimbabwe.

A CCS spokesman said that a variety of actions are being taken to organize and train the personnel who will be involved in counseling the public about AIDS.

A recent survey showed that, although the nurses and other technicians at the Central Hospital of Maputo know about AIDS, they are not yet really prepared to work with patients and counsel them.

A major training and education effort has been in progress for two months, to equip the health personnel to handle AIDS patients and HIV-positive individuals, the number of whom is becoming alarming.

About a year, ago, a survey conducted in Maputo showed that many residents did not believe in the existence of any AIDS victims. Today, few people are in any doubt about the existence of AIDS—and if there are still any who have doubts, we are prepared to offer proof. [passage omitted]

Manica Province: Sixty Confirmed AIDS Cases

MB3108112991 Maputo Radio Mozambique Network
in Portuguese 1045 GMT 31 Aug 91

[Excerpt] Since June, another eight confirmed AIDS cases have been reported in Manica Province. Four of those cases were detected in Manica District, on the border with Zimbabwe, a country where many confirmed AIDS cases have been reported. Manica Province now has 60 confirmed AIDS cases. [passage omitted]

AIDS Cases in Six Provinces Increases to 251

MB1409125291 Maputo Radio Mozambique Network
in Portuguese 1030 GMT 14 Sep 91

[Text] The number of AIDS cases increased to 251 in July. A total of 18 cases have been diagnosed in only six provinces.

Another two AIDS cases have been confirmed in Cabo Delgado Province, bringing to 15 the number of confirmed AIDS cases since the first case was reported in that province in 1986.

NAMIBIA

Over 900 AIDS Cases; Control Program Planned

91WE0503A Windhoek TIMES OF NAMIBIA
in English 21 Jul 91 p 3

[Article: "Condoms for All in New AIDS Drive"]

[Text] The National AIDS Control Programme will move into full gear with a National Safe Sex Promotion Week in July.

The drive will include a chain of seminars and panel discussions, promotional material, and radio and TV programmes.

National co-ordinator of the National AIDS Control Programme, Abner Xoagub, indicated that a large number of condoms would be distributed free of charge to the public.

Xoagub said there were 954 cases of HIV/AIDS cases in Namibia, with the ratio between men and women roughly equal.

The main theme of his statement, however, was that more women were getting infected. According to Xoagub there were several reasons for this new worrying phenomenon.

Firstly, sex was usually a taboo subject in Africa, and women were traditionally not even allowed to talk about or even enjoy sex. They were simply regarded as objects to satisfy men's desires, he said.

Polygamous relationships or marriages, in Africa and Namibia, were also contributing factors to women's vulnerability to HIV infection. Further the Christian background and influence in Namibia was an inhabiting factor when it came to addressing problems of sexuality.

In addition, illiteracy and unemployment forced women, especially in urban areas, to turn to prostitution. Another tragedy was that, as loyal and faithful wives, women were vulnerable because of unfaithful husbands. Furthermore, migrant workers and contract workers employed far from their houses were encouraged to take up casual relationships. Xoagub said these were only some of the contributing factors to HIV infection in Namibia.

He emphasized that male domination was still the order of the day in many fields. "...We need to arm women with the necessary vocabulary and language to communicate with their sexual partners in order for them to practice safe sex," he advocated.

AIDS, HIV Figure Hits 1,320

MB2908155391 Windhoek THE NAMIBIAN in English 23 Aug 91 pp 1, 2

[Unattributed report: "AIDS, HIV Figure Hits 1,320 Mark"]

[Excerpt] Namibians could witness an increase in the number of AIDS cases and HIV infections in the months ahead, Health and Social Services Minister Dr. Nicky Iyambo warned yesterday.

For this reason it was important that health workers should give their "fullest attention" to the struggle against "this dreadful disease," Iyambo added.

The Minister's serious warning was given at a three-day workshop on nursing management of HIV-infected people which opened here on Wednesday night.

Iyambo pointed out that although the latest count of AIDS and HIV infections stood at 1,320, the incidence of such cases could be much higher. [passage omitted]

SOUTH AFRICA

AIDS Statistics for Western Cape Revealed

91WE0516A Cape Town THE ARGUS in English 14 Apr 91 p 1

[Article by Vivien Horler, Medical Reporter: "Nearly 500 in W Cape With AIDS Virus"]

[Text] There are almost 500 confirmed HIV-positive people in the Peninsula and Boland—more than in the rest of the Cape Province, according to the latest figures from the Department of Health.

And, says a spokesman for the department's regional office in Bellville, this figure represents only the people who have been tested, who are "a small proportion" of the number of people actually infected.

Another 65 people have tested HIV positive in the Southern Cape, 40 in the East London area, 14 in the Port Elizabeth area, and nine in the Kimberley area.

There are now few areas in the Cape which are HIV-free. Six cases have been reported in Namaqualand, two in Gordonia, 16 in the Karoo, and three in Walvis Bay.

The spokesman said: "There is no reason to suppose we're not going to develop the same kind of epidemic that has happened in countries north of South Africa. We certainly seem to be heading the same way."

In October last year about 14,000 pregnant women—half the pregnant women in South Africa—were tested for HIV, and this wide-ranging test will be repeated in October this year. "Those results will be interesting, seeing how the figures have changed."

The last results indicated that just under one percent of the population, excluding the national states, are infected.

Unions Formulating AIDS Policies

91WE0474C Johannesburg THE WEEKLY MAIL in English 4 Jul 91 p 12

[Article by Jennifer Pogrand: "Conference on AIDS 'As a Union Issue'"]

[Text] AIDS as "a union issue" is the main thrust of a precedent-setting Congress of South African Trade Unions three-day national conference which starts in Johannesburg today.

South Africa's first AIDS conference centring on the workplace, it will be addressed by world-renowned AIDS expert Renee Sabatier, international union delegates, and local lawyers, doctors and union specialists in the field.

Policies on workers' education, AIDS in the workplace, and an assessment of state and management's response

to the virus will be debated, with a view to the development of a national policy as a framework for Cosatu AIDS programmes.

AIDS is moving up the union agenda: the Food and Allied Workers' Union recently adopted an advanced AIDS policy, and the issue is set to be debated at Cosatu's upcoming national congress.

"There is a general concern about the appalling level of AIDS education aimed at the workforce," said David Morake, organiser of the conference, "and the unions need to start building up education for workers.

"The epidemic is growing rapidly, and we are not happy with government and management attempts to conscientise workers about the issue.

"The impression is created that only black people get AIDS. Government campaigns are racist, or through smear campaigns, they imply that it is the African National Congress cadres who are bringing the virus into the country."

Education programmes devised by employers were counterproductive in that they reinforced stereotypical views, and thereby alienated workers. "AIDS information needs to counter-balance this, and there is a recognition that worker education is now the responsibility of the unions," Morake said, "We will educate employers in the process."

Prejudice about AIDS also needed to be addressed, he added. "Some workers don't believe that AIDS exists, and issues are misconstrued."

Target groups will be identified at the conference, and appropriate mechanisms set up for education and training.

Among the issues to be addressed at the conference will be pre-employment and pre-training testing, AIDS and migrant labour, state policy and AIDS in relation to medical and pension benefits.

Attending the conference will be unionists from Australia, Zimbabwe and Namibia.

Puppet Group Teaches AIDS Awareness in Rural Natal

91WE0474A Johannesburg THE WEEKLY MAIL
in English 5-11 Jul 91 p 8

[Article by John Perlman: "65,000 Condoms Later—Still a Lot To Be Done"]

[Text] Five weeks, 30 towns and 65,000 condoms later, Nyanga Tshabalala, Rosie Fiore and Gary Friedman have reason to feel that they've done some work.

They have put on 60 performances of their show, "Puppets Against AIDS," and travelled 10,000 km, heading northwards from Durban and crisscrossing Zululand on their route. They have been seen by some 50,000 people,

handed out 40,000 AIDS education pamphlets, dispensed thousands of condoms and answered countless questions.

The trio has come away with a sobering sense of the enormous task ahead if South Africa's rural areas are to be effectively educated and protected against AIDS.

Natal, urban and rural, is one of the areas where the human immuno-deficiency virus (HIV) has made deepest inroads. In some areas blood-transfusion services no longer collect blood because of the risks.

And yet the large crowd gathered outside the bottle store in Jozini—a small hilltop town not far from the point where Swaziland, Mozambique and South Africa meet—are getting from the puppets the first comprehensive AIDS education they've had.

"Everywhere we have found that people have heard about AIDS, but they know nothing about how it is transmitted—even some of the nurses we've met," says Tshabalala, who narrates the show. "But people are very eager to get the knowledge."

The crowd tap its feet to the music that gets the show started and laugh at the lusty antics of the main character, Joe, who just can't get enough. There are some grunts of approval when a member of the audience yells "inyama enyameni" ("flesh to flesh") after Joe's friend, Harry, suggests that he start using a condom. But when Joe becomes sick and dies—having also infected his wife and newborn child—the crowd becomes silent and pensive.

That mood finds release in the question-and-answer session, which runs for nearly an hour.

"Can you get AIDS from mosquitoes? From kissing? How can I use condoms when it's so much better without them?"—It's a familiar mix of resistance to the things that can protect you and deep fear of things that can't hurt at all.

But there is progress. Piles of pamphlets are handed out and men and women wait patiently for a handful of condoms. A couple of people ask if the show can be done again for some people who arrived late, but it's time to move on—another village or town, and another audience is waiting.

"Puppets Against AIDS," a project of the African Research and Educational Puppetry Programme, seems to get the key messages across.

"The show gets through because it is dramatic," says a health worker. "Many people here say that if AIDS is such a big thing, why do we never see anybody suffering from it. If you are just a nurse alone, people don't really listen to you."

After two years in the field, Tshabalala and the others know that while they are effective, they can only do so much. After they leave Jozini, and the next town and the next, what next?

Health workers say more people come to them for condoms after the show, but often they don't have any to give them. "If condoms are not available, people will just go back to the very same things," says Tshabalala. "The puppets really act as a pathbreaker—after that the messages need to be reinforced."

Says a health worker: "We don't have any pamphlets to give people. We managed to get hold of some videos privately, but with the big distances here it is hard to get the information to people."

"This is our biggest frustration," says Friedman, who created the show and does the puppeteering. "We try to do workshops as well, to teach people in the area to do their own back-up work, but we just don't have the resources. When you get any distance from the big towns, there is very little—no pamphlets and often no condoms. We have found a lot of ignorance and a lot of fear."

The social circumstances of many people make AIDS education all the more difficult. "A lot of the guys in Jozini were road workers moving from place to place," says Tshabalala. "Many expressed fear of losing their jobs because they are far from clinics—they don't have a mobile clinic—and they would have to take time off work to go for treatment. Getting condoms is also difficult: by the time they knock off, the clinics are usually closed."

Friedman adds: "Families being split up creates all kinds of problems. It is very hard, for example, for a women just to get her husband to start using condoms. You have to reach both partners and that's difficult when they are living separate lives."

Fiore, who does the sound mixing and the music, identifies another problem: "You get dismissive statements from a lot of employers and officials who say, 'we have tried AIDS education and giving out condoms, and it just doesn't work.' I think it's just their attitude, because that hasn't been our experience. At one place, workers had to go to the manager's office if they wanted condoms."

"There have also been signs that whites don't think AIDS affects them. It has been very noticeable that while employers make it obligatory for black workers to attend our show, white workers can come if they want. They hardly ever do," Fiore says.

"People have resisted condoms in the past because they have been told about them in the wrong way, without any understanding about their lives," says Tshabalala. "When they say they find sex 'flesh to flesh' more enjoyable, I don't condemn them for that."

"But then we discuss things like the fact that they may be sleeping around now, but will want families later. We talk about the fact that they risk taking AIDS and other sexually transmitted diseases back to their wives at home. They seem to understand that kind of approach."

The puppets' tour of Natal was organised by the Natal Parks Board and the Progressive Primary Healthcare Network, and was sponsored by two South African corporations and a foreign-aid organisation. For more shows, and the necessary back-up, further resources will have to be found.

But senior officials in the region have indicated that available resources are already stretched.

KwaZulu Health Minister Dr. Frank Mdlalose spoke of "the ever-increasing threat of AIDS" while delivering his budget speech recently. Mdlalose said 450 cases of HIV infection had been found in 1990, three times as many as the combined totals from 1986 to 1989.

Report: Negative Impact of AIDS 'Exaggerated'

*91WE0474B Johannesburg THE WEEKLY MAIL
in English 5-11 Jul 91 p 8*

[Article by Reg Rumney: "Forecasts on AIDS Called 'Overblown'"]

[Text] Forecasts of the economic impact of AIDS have been overblown and alarmist.

This is a conclusion of a major new study, using sophisticated economic modelling techniques, of the economic impact of AIDS.

The report, by the Centre for Health Policy at Wits University Medical School's Department of Community Health, does not minimise the vast human tragedy facing South Africa. But it points out that faulty research leading to huge total costs creates a sense of helplessness and paralysis in the face of the epidemic.

"Most research on the economic impact of AIDS in South Africa has been limited and superficial, and in many cases, has stemmed from parochial sources with a narrow perspective."

It says pessimistic projections for South Africa suggest that macro-economic impact will occur through serious labour supply shortages and by reductions in markets for goods.

"We believe that the overall impact of these trends in the next 10 to 15 years has been exaggerated."

"High unemployment is likely to mean that a significant number of those in the workforce who are disabled or dying from AIDS will be replaced, so that temporary labour supply bottlenecks, and frictional costs, rather than substantial and lasting labour supply shortages are likely to impact on the economy."

Available evidence, the report says, suggests South Africa is at the early stage of a potentially massive epidemic. Key findings of the actuarial model used by the compilers show that by the year 2000 it is estimated there will be 5.2-million HIV positive people (i.e. diagnosed as having latent AIDS) and cumulative AIDS deaths of 667,000. By 2005, there could be 7.4-million HIV infected individuals and cumulative AIDS deaths of around 2.9-million.

Health Minister on Economic Implications of AIDS

MB1907123491 Johannesburg South African Broadcasting Corporation Network in English 1100 GMT 19 Jul 91

[Text] The minister of national health and population development, Dr. Rina Venter, has appealed for the establishment of an independent organization to advise her department on the economic implications of AIDS.

Dr. Venter says nearly 300 people are infected with the AIDS virus daily. Fifty are babies whose mothers are carriers.

Dr. Venter said companies would have to start taking this into account and begin altering their policies to suit the implications.

Minister Comments on AIDS Statistics

91WE0508B Johannesburg THE CITIZEN in English 20 Jul 91 p 13

[Text] About 300 South Africans are infected every day by the virus that causes AIDS, says Health Minister Rina Venter.

Speaking at the opening of the AIDS Economic Forum, at Midrand yesterday, Dr. Venter said estimates indicated at least 100,000 South Africans were infected with the virus. They were mainly young adults of both sexes and children born to infected mothers.

These were conservative estimates, based on carefully planned scientific surveys, she said.

Because of the long latency between infection and eventual illness, there had been less than 800 confirmed cases of AIDS.

In five capital cities in eastern and central African countries, one in four of all young adults were infected with the virus.

"This underlines the diffuse nature of the pandemic, and the need to mount a united wide-ranging response."

Dr. Venter said the Department of National Health and Population Development had set up AIDS training and counselling centres and a dedicated AIDS Unit.

The conference was attended by representatives of several major corporations, trade unions, the AIDS Advisory Group and self-governing states.

Another speaker, insurer Mr. Peter Doyle, said AIDS would slow down South Africa's growth because skilled workers would be lost to the work force.

He said the virus was more prevalent among skilled and educated people.

The business sector should plan now for the replacement of skilled workers. Companies should also implement information programmes on AIDS to prevent the spreading of the disease.

Unions, Businesses Form Committees To Fight AIDS

91WE0508A Johannesburg THE CITIZEN in English 20 Jul 91 p 15

[Text] Two committees were formed yesterday to coordinate formal business and trade union efforts in the fight against AIDS.

The committees were formed during an AIDS conference held at Midrand by the Department of National Health and Population Development.

Although no official titles have been given to the committees, the first is an economic advisory group consisting of Mr. Peter Doyle, of Metropolitan Life; Mr. Graham Prentice, of Old Mutual; Professor Willie Mostert, of the Human Sciences Research Council; and Mr. Nicky Padaychee.

Consensus on the projections of the economic advisory group has not yet been reached.

The second group will aim at pooling resources and making them available to the formal business sector and trade unions.

It will provide a central resource centre which will disseminate information on AIDS, provide education programmes, do counselling and co-ordinate a policy in the work-place.

This group consists of Dr. Jonathan Blumberg, of the University of the Witwatersrand, Ms. Dawn Mokgobo of Anglo American Corporation, Mr. H. Breedt, of the Federation of Staff Associations; Dr. Manda Holmshaw; Mr. Kenneth Marcus, of the AIDS Foundation; Mr. Francois Marais, of Life Officers' Association; and Dr. Izak Fourie, of the Chamber of Mines.

Government Establishes AIDS Hotline

MB1708064691 Johannesburg SAPA in English 0556 GMT 17 Aug 91

[Text] Pretoria Aug 17 SAPA—South Africa has become the first country in the world to offer a 24-hour AIDS

telephone help line, reports SABC [South African Broadcasting Corporation] radio news.

The phone-in advice service was announced at the national conference of Life Line in Pretoria.

A spokesman said the service would be offered jointly by Life Line and the Department of Health and Population Development.

AIDS Expected To Be Endemic by Year 2005

*MB1109143091 Johannesburg SAPA in English
1421 GMT 11 Sep 91*

[Article by Johann van Heerden]

[Text] Johannesburg Sept 11 SAPA—Pension fund managers and medical aid societies face severe cost escalation and diminishing returns as acquired immune-deficiency syndrome (AIDS) spreads wider in South Africa.

According to projected figures released to a Southern Life seminar on AIDS on Wednesday, AIDS in the endemic stage is due to reach South Africa by 2005 when AIDS among adults is calculated at 25 percent.

Until about 1995, AIDS deaths are projected to be relatively insignificant but after that AIDS-related deaths increase to about 20,000 a year.

"Demand for goods and services will be affected as individuals who are infected need to divert income to provide medical treatment and incomes are reduced because of loss of ability to work," said Southern's Don Brown of the company's employee benefits actuarial service.

Scarce resources have to be reallocated from retirement benefits to death and disability benefits.

Inevitably AIDS would impact on pension fund assets and investments through declining demand, lower company profits and falling share prices with significant implications for pension funds.

"Associated with this is the ability of a company to meet additional costs from falling profits," Mr. Brown said.

According to estimates, endemic incidence of AIDS in South Africa would reduce gross domestic product by about 5 percent over the next 15 years.

Medical costs would be staggering, even without the latest drugs available to medical care.

One estimate was that if a company had a 1 percent AIDS incidence among employees, medical aid contributions by workers would have to increase more than 30 percent.

"Medical aid societies will almost certainly face extreme difficulty in coping with AIDS," Mr. Brown said.

"The medical system in South Africa will be severely stretched to deal with AIDS and difficult decisions will have to be made about the level of treatment AIDS sufferers will receive."

TANZANIA

Iringa Region Has 617 New AIDS Cases

*91WE0504B Dar es Salaam DAILY NEWS in English
27 Jun 91 p 5*

[Article: "Iringa Reports 617 New AIDS Cases"]

[Text] Iringa Region has in the first four months of this year recorded 617 new cases of the Acquired Immune Deficiency Syndrome (AIDS) cases reported from 14 hospitals in the region, the Regional AIDS Control Programme Co-ordinator, Godlove Kiambile said this week.

Ndugu Kiambile said that there was an increase of about 410 cases from those reported last year. Only 207 new cases were reported last year.

He said that from January to April this year, Makete District reported 206 new cases, followed by Njombe with 117 cases, Iringa Urban 114 cases, Iringa Rural 103, Ludewa 52 and Mufindi District 25 new cases.

Ndugu Kiambile said the problem is becoming more acute in Makete District which last year reported only 48 cases but in just four months, the number has jumped to over 200 cases.

He said that last year Iringa Urban District reported only 10 cases, Njombe 20 cases, Ludewa four, Mufindi 16 and Iringa Rural 103 cases.

The coordinator said most of the cases in Makete and Njombe are mostly of people coming back from coffee and tea estates in Mbeya Region and tea estate in Mufindi District.

He said the ratio between men and women remained generally equal, about one to one except for Iringa Urban where it is 2.6 women to one man.

Last year, the Regional AIDS Control Programme in collaboration with the African Medical Research Foundation (AMREF) launched a project known as "the truck drivers AIDS intervention project" to check the spread of the disease along the Tanzania-Zambia Highway but Kiambile said that the disease is now moving away from the highway into the rural areas.

Last week, the programme, through the region's taxi drivers association began to distribute condoms to taxi drivers to be given to customers in an attempt to control the spread of AIDS in the municipality.

ZAMBIA

Five Thousand AIDS Cases—Mainly Young People

91WE0505A Lusaka TIMES OF ZAMBIA in English
6 Jul 91 p 2

[Article: "AIDS Cases Top 5,000"]

[Text] AIDS cases in Zambia have reached the 4,690 marks, it has been learnt.

This is according to World Health Organisation (WHO) AIDS surveillance report presented by chairman of national AIDS committee in Zambia Dr. Benson Himoonga.

Dr. Himoonga who was speaking at a nurse tutors AIDS seminar being held at the Ndola Central Hospital said the number reported could be low because many cases had not been reported.

He said the figure was as on May 31 and that was why the home-care idea was brought up so that more cases could be reported.

It was learnt that those mostly affected were between the ages of 15 and 39.

This age group was mostly affected because it was the most active sexually.

But there was a problem of behaviour change which was a worldwide problem trend. The only way to control the spread of the disease was to change the behaviour because if people did not, the disease would then be in Zambia forever.

Dr. Himoonga said the ministry of health had drafted an HIV policy which would be submitted to Parliament soon.

Some of the issues tackled in the draft of the HIV policy in Zambia was the protection of human rights and the dignity of those who were HIV positive and had AIDS.

ZIMBABWE

Testing To Begin on New Anti-AIDS Vaccine

MB0409140291 Johannesburg SAPA in English
1337 GMT 4 Sep 91

[Text] Harare Sept 4 SAPA—Zimbabwe's minister of health, Dr. Timothy Stamps, said the country hoped to test a new anti-AIDS vaccine over the next 12 months.

The national news agency, ZIANA, on Wednesday quoted Dr. Stamps as telling a religious youth conference that an estimated one million people were infected with the HIV virus in Zimbabwe—which has about 9 million people.

Dr. Stamps said the drug, which carries the chemical name CD4 Immunoadhesin, was recently tested on chimpanzees and may be able to block the transfer of the HIV virus from mother to child.

The drug will be the second anti-AIDS vaccine to be tested in Zimbabwe after the Kenyan-made drug, Kemron.

Tests with Kemron were discontinued in Zimbabwe because it had become unavailable.

Dr. Stamps noted that the HIV virus had also developed the capacity to become dormant at times, thus making it impossible to detect and deal with it at those moments.

"I think it is a great challenge to you young people to face up to the challenge of the time," Dr. Stamps told the conference.

He pointed out that not only people with immoral or promiscuous behaviour suffered from AIDS.

Morally upright people also got AIDS—mostly faithful women with promiscuous husbands who they could not tell to wear condoms as the wives would then be blamed of promiscuity.

"The only one immunisation is a mutually faithful life-long partnership," he urged his young audience.

Mugabe Asks Churches To Help Curb Looming AIDS Disaster

MB0809125491 Johannesburg Radio RSA in English
1100 GMT 8 Sep 91

[Text] Zimbabwean President Robert Mugabe says that the country is on the verge of a disaster because of AIDS. Mr. Mugabe called on Zimbabwe's churches to cooperate with the government to curb the incidence of the disease in the country. He said the support of the churches was vital to counteract what he referred to as loud [words indistinct] in Zimbabwe.

Health Ministry Reports 18,000 AIDS Carriers

MB1409173491 Johannesburg South African Broadcasting Corporation Network in English
1600 GMT 14 Sep 91

[Text] Authorities in Harare said they may have to insist soon that bodies of AIDS victims be cremated rather than buried because of a shortage of cemetery space. They say the city's four main cemeteries will run out of space within three years.

Zimbabwean Ministry of Health figures show that 18,000 Zimbabweans have AIDS and one million or 10 percent of the entire population are believed to be carriers of the AIDS virus.

Tianjin Develops Anti-AIDS Disinfectant

*OW0209022091 Beijing XINHUA in English
0147 GMT 2 Sep 91*

[Text] Tianjin, September 2 (XINHUA)—A new disinfectant developed from Chinese medical herbs which can kill the virus of AIDS and other diseases was put into production recently in Baomin Hygienic Factory in Tianjin.

The disinfectant, named "sd xiangle" [as received] and jointly developed by Tianjin disease prevention center, Tianjin Medical Research Institute and Infectious Disease Hospital, has passed the appraisal of Tianjin Disease Prevention Center, Tianjin's authoritative establishment for medicine appraisal.

In addition to AIDS, "sd xiangle" is also capable of killing the virus of Hepatitis B and gonorrhea, bacteria of hay fever, colibacillosis and staphylococcus. Yet it has no poisonous or side effect to the human body.

The disinfectant which is made into transparent liquid with fragrance is convenient to spray or smear and has a long preserving period, adoptable in hotels, restaurants, home and public places.

Tianjin Baomin Hygienic Factory is planning to cooperate with foreign enterprises to enlarge the production scale.

HONG KONG

Carriers Recruited in War on AIDS

WA2208080091 Hong Kong SOUTH CHINA
MORNING POST in English 28 Jun 91 p 3

[Article by Helen Signy]

[Text] Prostitutes, drug addicts, homosexuals and carriers of the HIV virus will be recruited to spread information about AIDS to people the Government has been unable to reach.

The Director of Health, Dr. Lee Shiu-hung, admitted yesterday the Government's information campaigns had only had limited success because they were not able to reach people most at risk from AIDS without appearing to be coercive.

He was speaking at the launch of the Hong Kong AIDS Foundation, established with a \$15 million grant from the Government to achieve more community participation in the battle against the fatal disease.

"The Government in the past has been trying to approach prostitutes and homosexuals, but there are problems because being the Government, we can't go all the way to approach them," Dr. Lee said.

"We plan to recruit volunteers, and we aren't concerned about their background. It could be a person in a high risk group or a person who already has the infection—it doesn't matter if they can help in communicating the message to their friends," he added.

A total of 49 AIDS cases have been recorded in Hong Kong, of whom 36 have died, while it is estimated there are between 3,000 and 5,000 carriers of the HIV virus in the territory who have not yet developed the full-blown disease.

The Government's AIDS information campaign was introduced in 1983, two years before Hong Kong's first AIDS patient was diagnosed.

"The AIDS Foundation will take a more positive step and actively approach the people at risk: being a voluntary organization, it will have more flexibility and can introduce more innovative ideas than the Government," Dr. Lee said.

The AIDS Foundation is likely to be inaugurated on World AIDS Day, on 1 December.

Twelve More AIDS Victims Found in Territory

WA2208101091 Hong Kong SOUTH CHINA
MORNING POST in English 3 Jul 91 p 7

[Article by Helen Signy]

[Text] AIDS has struck 12 more people in Hong Kong, with eight men contracting the HIV virus and four

developing the full-blown disease last month, the Government announced yesterday.

The head of the AIDS Counselling and Health Education Service, Dr. Patrick Li Chung-ki, said all the new AIDS patients were Chinese, three of them heterosexuals and one a haemophiliac.

They bring the total number of AIDS patients so far recorded in Hong Kong to 53, of whom 36 have died.

Two expatriate men and six Chinese men were also infected with the HIV virus, four of them through homosexual intercourse, three heterosexual, and one whose method of transmission was undetermined.

There are now 177 people who have been recorded as carrying the HIV virus without yet developing the full-blown disease.

The Government estimates, however, that there could be 3,000 to 5,000 carriers of the virus in Hong Kong.

World figures indicate that 70 percent of AIDS victims are heterosexuals, which is likely to rise to 80 percent by the year 2000.

Meanwhile, a new multi-purpose disinfectant which can kill both the HIV and hepatitis viruses is being marketed in Hong Kong for use in hospitals, hotels, the police force and penal institutions.

The product manager for Jebesen Chemical, Ms. Marie-Louise Lycke, said the new Phoraid iodine-based disinfectant could kill viruses for up to a year without harming equipment or skin. It was developed in Britain last year for the Greater Manchester Police Force to be used when officers came in contact with bodily fluids.

Ms. Lycke said the disinfectant could be used by airlines, caterers, dentists, chemists, doctors and beauty therapists and was being tested by the police, the Correctional Services Department and hospitals.

"Even if you have a wound, it will close it and protect you if you're in contact with blood so you won't be able to get AIDS or hepatitis," she said.

The Government used chlorine to disinfect apparatus which had been in contact with AIDS or hepatitis patients, but that was smelly and corrosive, she said.

Government approval for an antiseptic form of Phoraid is expected by August.

First AIDS-Infected Prostitute is Found

WA0823091691 Hong Kong THE HONG KONG
STANDARD in English 1 Aug 91 p 6

[Article by Ursula Yeung]

[Text] The first case in Hong Kong of a prostitute testing HIV-positive has been found.

The heterosexual population in Hong Kong was yesterday urged to practice safe sex when dealing with prostitutes.

Releasing the latest statistics on AIDS and HIV infection, the head of the AIDS Counselling and Health Service, Patrick Li, said the Government had identified the first AIDS carrier among local prostitutes since it began testing the group in 1985.

But Dr. Li warned that while the woman might be the first known prostitute AIDS carrier, she would certainly not be the only one.

"The fact that there were previous cases of AIDS reported to have been caused by sexual contact with local prostitutes tells us that there are more than one AIDS carrier among local prostitutes," he said.

Dr. Li said he expected the incidence of identified HIV infection among prostitutes to increase over the next few months as more prostitutes came forward for testing.

As the incidence of heterosexual infection rose, the number of infected prostitutes would also inevitably rise, he said.

This had been the situation in other Southeast Asian countries including Thailand, India, the Philippines and Japan.

Dr. Li estimated that there were "about 10 or maybe more" AIDS carriers among local prostitutes.

The detected HIV-infected prostitute was receiving counselling and care by health nurses at a Government social hygiene clinic, he said.

Health nurses had been sent to places, including bars, frequented by prostitutes to distribute leaflets on the killer disease and encourage them to take a HIV test, he said.

To step up education on AIDS among local prostitutes, a video would be shown to prostitutes at Government social hygiene clinics.

Since the beginning of the year, condoms had also been given to prostitutes seeking treatment at social hygiene clinics.

"They are given about 30 condoms each every time they come for check-up. By doing so, we hope to remind them of the risk they and their clients are exposed to and the importance of taking precautions," Dr. Li said.

He said most of the prostitutes the clinics contacted supported the use of condoms. However, some said clients did not like using condoms.

Dr. Li warned people to take precautions in contact with prostitutes, locally and abroad.

He said about 2,000 to 3,000 prostitutes attended the Government social hygiene clinics—a figure he estimated to be only one-third of Hong Kong's total number of prostitutes.

He urged voluntary agencies and private doctors who had prostitute patients to refer suspected AIDS carriers to Government hospitals or clinics.

Latest Government statistics show that 179 people have tested HIV-positive, while 54 have developed AIDS. Of the 54, 37 are dead and six have left the territory.

SOUTH KOREA

Ministry Confirms 3 New AIDS Cases

SK0309030891 Seoul THE KOREA TIMES in English
3 Sep 91 p 3

[Text] Three more people tested positive for the AIDS virus during August, the Health-Social Affairs Ministry said yesterday.

Two men, identified as Pak, 35, and Cha, 33, are believed to have picked up the deadly virus during their stay in foreign countries, the ministry said.

The ministry is currently tracking down the infection route of the other man, identified as Yu, 29.

So far, a total of 157 people have tested positive for the AIDS virus. Of them, 13 died and one went overseas.

MALAYSIA

Anti-AIDS Measures Noted; 1,000 Carriers Reported

BK1109131291 Kuala Lumpur BERNAMA in English
0942 GMT 11 Sep 91

[Text] Kuching, Sept 11 (OANA-BERNAMA)—Police are scrutinizing visitors from AIDS-prevalent areas in Malaysia in efforts to stamp out the country's number one public enemy.

CID [Criminal Investigation Department] Chief Zaman Khan said Wednesday this included isolating detected cases and deporting them to their country of origin.

The move was part of the overall anti-AIDS campaign to effectively reduce the number of AIDS carriers in the country, he told reporters after chairing a meeting of state CID chiefs here.

He said currently there were slightly over 1,000 AIDS carriers in the country, but added that the figure was considered "relatively low" compared with other areas in the region.

Most of the carriers had been identified as having acquired the AIDS virus through drug abuse and prostitution activities, he added.

Twenty-five state CID chiefs from throughout the country attended the one-day biannual conference focusing mainly on improvement in the department's operations and public-police cooperation and the overall security and crime situation in the country.

TAIWAN

Draftees Ordered to Take AIDS Test

WA0823104091 Hong Kong *THE HONG KONG STANDARD in English* 24 Jul 91 p 10

[Text] TAIPEI: Taiwan's health authorities have ordered that all military draftees and high-risk groups be given mandatory tests for AIDS to prevent its spread, officials said yesterday.

"We have sponsored special programmes since last year, giving AIDS tests for all draftees and having all public hospitals conduct such tests on suspected patients and blood donors," said Ou Nai-ming, a specialist at Taiwan's AIDS Prevention and Control Centre.

Mandatory tests had also been conducted in all prisons and reformatory centres here, while licensed prostitutes were required to take the tests, said Huang Cheng-yi, a specialist of the Institute of Women and Children Health Care.

Mr. Ou said two draftees and two prisoners were found to have contracted AIDS last year.

Health officials admitted that alarm over AIDS arose only after six students were found to be carriers of the deadly virus early this month.

Currently, Taiwan has 204 confirmed carriers of the AIDS virus, but doctors say the actual number may exceed 2,000.

THAILAND

Army Says New AIDS Test Detects Virus More Quickly

BK1708034891 Bangkok *THE NATION in English* 17 Aug 91 p A2

[Text] The Army Medical Department laid claims yesterday to having developed a technique to detect the

AIDS virus after it has invaded human bodies for only 24 hours and tests on more than 50 cases had turned in accurate results.

The department chief, Surgeon-General Lt Gen Phinyo Siriyaphan, said the technique had been developed by the Faculty of Biochemistry of King Mongkut Medical College nine months ago.

He said current practice could reveal the AIDS infection three months after contracting the virus. He added the new method can tell within 24 hours whether a person got AIDS.

Capt. Dr. Suwicha Chitrapatima of the faculty said the technique sought to detect AIDS or HIV virus in chromosomes of white blood cells. Chromosomes are thread-like bodies found in all living cells; it contains genes which determine what characteristics the animal or plant will have.

Acquired Immune Deficiency Syndrome or Human Immunodeficiency Virus destroys white blood cells which act like guards against all diseases and irregularities which have entered the body.

Suwicha said since the technique checked for irregularities in white blood cells, it could show up the infection only 24 hours after exposure.

The doctor said the technique, which would cost Bt150 for each check, could also tell the amount of virus in the body.

Suwicha said he hoped that the technique would help slow down the spread of AIDS. He said people would try not to pass the virus once they learn they have acquired the killer disease.

He said the technique could be used to check whether new-born infants from AIDS-infected mothers have been infected. The check could be done 24 hours after birth instead of waiting for 15 months as was the case currently, Suwicha added.

Phinyo said the technique had been used on over 50 people and yielded accurate results.

YUGOSLAVIA**Over 200 Registered AIDS Cases**

*LD0709095891 Belgrade TANJUG Domestic Service
in Serbo-Croatian 1044 GMT 6 Sep 91*

[Text] Belgrade, 6 Sep (TANJUG)—Belgrade still holds the infamous record for the number of registered AIDS

cases. According to the latest information, 114 AIDS cases are reported in Belgrade out of 225 cases registered in the country. So far, 60 people have died of AIDS in Belgrade. [passage indistinct] In central Serbia, 130 AIDS cases have been registered so far, in Vojvodina 15 and in Kosovo and Metohija four.

ARGENTINA

Over 1,000 People Infected With AIDS Since 1982

PY1008155691 Buenos Aires TELAM in Spanish
2235 GMT 7 Aug 91

[Summary] Buenos Aires, 7 Aug (NA)—Laura Astaloe, coordinator of the National Program on AIDS, reported here today that 1,019 people have been infected with AIDS since 1982, and that 60 percent of them have died. She added that of the 1,019 cases, 60 percent of the patients were infected through sexual contact, while 20 percent of them are intravenous drug addicts.

AIDS Cases Seen Linked to Drug Trafficking

91P40422A Buenos Aires LA PRENSA in Spanish
17 Aug 91 p 6

[Editorial]

[Text] More than half the AIDS victims registered in Argentina since 1982 have died. According to the coordinator for the National AIDS Program, of the 1,019 cases recorded since that year, 60 percent, or more than 600 patients, are no longer living.

The official presented the information during her stay in the capital city of La Pampa Province as part of a national campaign to identify methods for preventing the disease. She also stated that most of the resources are being used to reinforce safety measures in blood banks. In addition, she claimed that the campaign to prevent sexual transmission of the disease was having a "strong impact" on the population.

Regarding the causes of transmissions, she said that 60 percent of the cases were through sexual relations and an estimated 20 percent by intravenous drug use. With statistics that show a clear correspondence, the U.S. Senate commission dealing with AIDS also has reported that 32 percent of [AIDS] cases are due to the promiscuous use of syringes by drug addicts, to unprotected sexual relations among those under the influence of narcotics, or to drug addicts who, having contracted the disease, have become potential agents of its transmission.

Thus, the statistics confirm the necessity of fighting narcotics trafficking which, as has been noted, widely promotes the spread of AIDS. Wherever drugs are sold, furrows of death are opened in society, especially among young people. Therefore the solution would not be the legal sale of elements used in drug addiction, as proposed by the aforementioned North American senatorial commission, which argues that the exchange of used syringes would thereby be avoided. But this would in fact legalize drug addiction and, by extension, narcotics trafficking as well.

At a time when drug trafficking organizations must be broken up, it is necessary to continue prevention campaigns, not only against drug addiction, but also against

sexual habits which, in light of the sad situation described, have characteristics that are hardly healthy and are even abnormal.

BOLIVIA

Government Reports 32 AIDS Cases in Santa Cruz

PY1008142291 La Paz EL DIARIO in Spanish
2 Aug 91 p 12

[Summary] Santa Cruz, 1 Aug—Health Department Director Jose Henicke has reported 32 AIDS cases in Santa Cruz. He said 22 are Bolivians and 10 are foreigners. He added that 12 people have already died, nine have left the country, three live in Santa Cruz, and four live abroad. He also disclosed that 27 are males and five are females. He stated that 12 are homosexuals, seven are bisexuals, 11 are heterosexuals, and there is no information on two cases. Henicke also reported that 27 were infected through sexual relations, two through blood transfusions, and three through drug injections.

BRAZIL

Sao Paulo Prisoners Die 'Daily' of AIDS

91WE0464B Sao Paulo FOLHA DE SAO PAULO
in Portuguese 10 Jul 91 p 4-1

[Article by Jose Arbex]

[Text] During the month of June AIDS was responsible for the death of one prisoner a day in the Sao Paulo State prison system, Dr. Manuel Schechtmann, 58, System Health Department Director since 1989, told FOLHA.

According to the doctor, out of a population of 45,000 prisoners, 700 have AIDS. The proportion (1 in 65) is 30 times higher than the rate in the city of Santos (one AIDS patient out of 2,000 inhabitants), the highest in the country.

AIDS alone is responsible for 80 percent of the deaths in the penitentiary system. It is calculated that 20 percent of male prisoners and 33 percent of female prisoners are infected, a total of at least 9,000 carriers of the virus.

Amid such tragic numbers, the "good news" is that in August AIDS-infected prisoners received AZT tablets for the first time (6,000 tablets donated by their manufacturer, Wellcome Laboratories).

The primary cause of the spread of AIDS, according to Schechtmann, is the use of intravenous drugs. Some 66 percent of carriers of the virus are intravenous drug-users, and 22 percent both use drugs and are homosexual—that is, intravenous drugs are responsible for up to 88 percent of the AIDS cases.

The system of "conjugal visits" begun in 1984, permitting sexual contacts between prisoners and their partners, is also of concern, says Schechtmann, because it helps transmit AIDS both from the prisons to society and from society to the prisons.

"I do not make any moral judgements on the conjugal visits," the doctor says, "but rather on their effects in transmitting AIDS. Every week 350 visits occur in the Penitentiary and 2,000 in the House of Detention. In the Penitentiary it has already been possible to create criteria for such visits, such as submitting men and women to tests. But in the House of Detention there is a great deal of resistance on the part of the administration."

Homosexual practices in prison also contribute. It is not uncommon for transvestites who are already infected to enter the prison, and not warn anyone for fear of discrimination. They then become a source of transmittal.

Overcrowding in the prisons contributes significantly to worsening the problem. Dirty, dark, and overcrowded cells (often housing triple the number of people than their capacity) lead to growing promiscuity and a general deterioration in health. In addition, health facilities are weak and a shortage of water for bathing and personal hygiene is "normal."

Despite the overcrowding, the severity of the legal system hampers the freeing of prisoners who could already be out of jail or in a system of partial incarceration. That includes terminal AIDS patients who should have the right to spend their last days with their families—as mandated by the World Health Organization, of which Schechtmann is a member.

In general, living conditions in the prisons are a nightmare worthy of Franz Kafka. "Stored leftover food contributes to the spread of pests, particularly rats and cockroaches, from which the prisoners are covered with bites," says Professor Sergio Adorno of the USP [University of Sao Paulo] Nucleus for Studies of Violence, in his article "The Brazilian Penitentiary System," from USP Magazine no. 9 (March-May 1991).

The result, says Schechtmann, is an outbreak of diseases that had been believed to be eradicated. In the first five months of 1991, 161 new cases of tuberculosis, 22 cases of hepatitis and three of hanseniasis appeared.

"If we continue in this way, within five years we will not need a prison director, but rather hospitals, because everyone will be sick," Schechtmann stated.

Sao Paulo—400 New AIDS Cases in June

91WE0464C Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 12 Jul 91 p 10

[Text] The State of Sao Paulo has already recorded 12,000 cases of AIDS, with 400 new ones diagnosed in the month of June. Most of them (61 percent) occurred in the capital, where the highest incidence continues to

be in the central area (29 percent) and in the neighborhoods of the northern zone (19.3 percent). These numbers come from the Secretary of State for Health's Center for AIDS Research. A study by the Center, which is still in progress, shows that the disease is concentrated in areas where the poorest social classes live—a consequence of the use of intravenous drugs with shared needles.

"While an addict of reasonable purchasing power aspires to an entire dose of drugs to himself, the poorest ones dilute the cocaine and succeed in sharing the dose among four users through injection," explains Dr. Paulo Roberto Teixeira, who coordinates the Research Center. In interviews he had with users, the doctor heard that cocaine produces a greater effect when injected. He also found that the user always sucks a little blood into the syringe, the result of hitting a vein. "It is that blood from a contaminated user that, reinjected into someone else's vein, spreads the disease," he said.

Shooting Gallery

Doctors' concerns with the spread of the disease among drug users increased with the recent discovery of the first Brazilian "shooting gallery," a bar where the user buys a dose of cocaine already in the syringe, injects the drug and returns the syringe to the proprietor. The "shooting gallery," relatively common in the United States, but which was identified in Brazil for the first time by a Research Center specialist, was in a city in the interior of the state, the name of which the doctors requested not be released.

The explanation for the secrecy is that from an epidemiological point of view nothing would be resolved if the police were to close that luncheonette. What doctors want is to study the phenomenon and seek a formula that will assure the use of disposable syringes, or at least disinfection of the syringes.

Implementation of the third phase of the federal government's AIDS campaign—which will begin to be televised next month—will exhaust the \$500,000 collected this year by the Health Ministry's AIDS Coordination in Brasilia for broadcasting information on the disease. This money had been donated by ten private companies.

COSTA RICA

AIDS Advances In Country; 174 Deaths

PA1408223491 Paris AFP in Spanish 0125 GMT
12 Aug 91

[Text] San Jose, Aug 11 (AFP)—The Health Ministry has confirmed that AIDS cases have increased every year since the first diagnosed case in 1983. So far, 174 people, including three foreigners, have died of this disease.

The AIDS Control Department reports that 271 cases have been registered over the past seven years, including 70 in 1990 and 40 until July 1991.

In addition, the ministry knows of 350 people who are only carriers, that is, they have the AIDS virus but have not developed the disease. The authorities estimate that approximately 15,000 people are in this condition but do not know it.

According to the statistics, homosexuals are the group most affected by this ailment (57 percent), bisexuals (14 percent), and hemophiliacs (10 percent).

In descending order, the list continues with heterosexuals, newborns, blood transfusion victims, and intravenous drug addicts.

The AIDS virus is transmitted through sexual contact, blood transfusions, and injections infected by people with the virus.

The AIDS Control Department has indicated that out of the 271 registered cases, 87 people are still alive, the whereabouts of 10 is unknown, and 174 have already died.

The sickness has mostly affected men. Some 248 men (91.5 percent of the total) have the sickness, as opposed to only 23 (8.5 percent) women.

The number of women with AIDS tends to increase and the same occurs with heterosexuals.

According to the same source, most cases involved young men between 23 and 34 years old and, although most of them are from San Jose, there are also AIDS victims in all the provinces and in all economic levels.

CUBA

AIDS Reference, Orientation Center Opens in Havana

FL2808135991 Havana Radio Rebelde Network in Spanish 2300 GMT 27 Aug 91

[Report by Susana del Calvo]

[Text] Up to now, AIDS is a disease that has no cure and has turned pandemic in a few years. Nowadays, it constitutes a scourge to humankind. We have not been immune to this and over 600 carriers have been detected so far. Although it is true that our anti-AIDS program has caused controversy in the world it is also true that we have been able to halt the geometric progression of the disease which is rampant in the rest of the globe. This alone speaks in favor of the Cuban program.

A few days ago we read a report from Colombia in which Health Minister Camilo Gonzalez asserted that, in Bogota alone, one out of 250 people in the streets has AIDS. The Colombian capital is a city with a population of some 6 million people. WHO AIDS expert, Michael Melsum, said 10 million adults and 1 million children have been affected by the AIDS virus world-wide. The specialist adds that there will be 40 million adults and

children with AIDS in the year 2,000. He explained that each mother infected with AIDS loses at least one child.

Prevention is an effective weapon against this disease. It is the only existing weapon. Prevention includes the use of prophylactics and the election of a partner. Making love should not be a sport or a simple competition but a conscious act between you—who are the responsible party—and the selected partner.

A lot can be said about this subject and we are interested in also learning about your opinions. I believe that more cultural activities should be held such as the concert given by Evesio Alejandro in December marking the world's day against AIDS.

I congratulate the Public Health Ministry for creating an AIDS reference and orientation center located in I Street between 23d and 25th Streets here in Vedado. At the same time, I believe that it needs more publicity because not everyone goes by the place and the information can stay up in the air. I think this center is very important and that similar centers will open in the rest of the country, especially in heavily populated cities.

HONDURAS

AIDS Victims Estimated at 35,000

91WE0481A San Pedro Sula TIEMPO in Spanish 19 Jun 91 p 2

[Text] Tegucigalpa—The director of epidemiology of the Ministry of Public Health, Doctor Enrique Zelaya, said on June 18 that approximately 35,000 persons in the country might be infected by the Acquired Immunodeficiency Syndrome (AIDS).

So far, 1,130 confirmed cases of the disease have been recorded, but according to Zelaya the number of infected persons nationally is in the neighborhood of 35,000.

'We are diagnosing two or three cases of AIDS daily, mostly persons who became infected four years ago and who are still developing the symptoms,' he stated.

The official said that of the 1,130 confirmed cases, 65 percent are men and 35 percent women.

He pointed out that during the last three years two children per month contracted the disease, and the infection has developed in 35 children under the age of 10.

'When an infant develops the infection it generally dies before reaching its first birthday; when adults develop the disease they die in two or three years.'

Report Notes 60 New AIDS Cases Reported Monthly*PA1108134391 Mexico City NOTIMEX in Spanish
1857 GMT 9 Aug 91*

[Text] Tegucigalpa, 9 Aug (NOTIMEX)—Enrique Zelaya, chief of the Epidemiology Department of the Health Ministry, has reported that in Honduras there are approximately 60 new cases of AIDS every month, which is the equivalent of two new cases daily.

Zelaya told the local media that according to the latest report on AIDS, issued in July, there are at least 2,055 people suffering from this disease. Of this 2,055 people, approximately 1,344 are in the final phase, that is, they have the symptoms and their immunity system is very deteriorated, Zelaya explained.

Zelaya added that according to Health Ministry estimates, approximately 60,000 people who are infected with the virus but who show no symptoms, represent a "grave danger" to the population and move freely throughout the country.

He said: "Unfortunately, these people think they are completely healthy. They show no symptoms and we cannot identify them unless we conduct laboratory tests on them."

Zelaya explained that the cities with the largest number of AIDS cases are San Pedro Sula, Tegucigalpa, El Progreso, Comayagua, La Cieba, Santa Rosa de Copan, and Choluteca.

Zelaya said that the health authorities have detected 35 cases of children infected with the virus and noted that the number could be larger considering that probably there are asymptomatic cases.

JAMAICA**Health Authorities Report 19 New Cases of AIDS***FL2108171291 Bridgetown CANA in English
1654 GMT 21 Aug 91*

[Text] Kingston, Jamaica, Aug 17, CANA—There were 19 new cases of Acquired Immune Deficiency Syndrome (AIDS) reported in July, pushing the number of Jamaicans with the deadly disease to 253, health authorities reported. The July report from the National HIV/STD Control Programme says 12 males and seven females were diagnosed with AIDS.

In all, 168 males and 85 females (including 29 children under five and three teenagers) have been reported with the disease. The report indicated that 157 of the adults with AIDS were infected with the Human Immunodeficiency Virus (HIV) which causes AIDS, during heterosexual intercourse. Of the reported AIDS cases, 25 are male homosexuals, 20 are bi-sexuals, and the sexual practice of the others is unknown. According to the

programme, 129 adults who developed AIDS were infected in Jamaica and 64 got the virus abroad.

MEXICO**Group Refutes Government's Statistics on AIDS***PA1408220791 Paris AFP in Spanish 0715 GMT
14 Aug 91*

[Text] Mexico City, 13 Aug (AFP)—The Mexicans Against AIDS group, which is made up of nongovernmental organizations, issued a communique on 13 March stating that there are 13,208 cases of AIDS in the country and between 650,000 and 1.3 million HIV-positive cases.

The organization maintains that the official figures of 7,300 AIDS cases "do not reflect the truth of the epidemic," and refutes the statement that the disease "has reached its peak, as some public health officials have claimed."

"The status of AIDS in Mexico should not be minimized.... The facts indicate that the almost total absence of permanent, systematic, and efficient preventive campaigns have led to social and individual apathy regarding AIDS and even taking the test for its detection," the group's document states.

"The less people who take the detection test, the less detected cases there will be," the group adds.

PANAMA**Minister Reports 172 AIDS-Related Deaths to Date***PA2708015891 Paris AFP in Spanish 2239 GMT
26 Aug 91*

[Text] Panama City, 25 Aug [date as received] (AFP)—The Health Ministry announced today that 172 people have died of AIDS in this country, there are 2,800 carriers, and 108 people are ill with the disease.

Health Minister Guillermo Rolla told AFP that of 280 cases detected since 1984, 237 were men and 43 were women.

"In most cases, the disease was contracted as a result of homosexual practices," Rolla said.

A report issued by the Panama Epidemiological Department indicated that there were three cases involving children under three years of age, and 209 cases of individuals aged from 20 to 44 years.

URUGUAY

Health Minister Reports 960 AIDS Cases, 197 Deaths

*PY2308191391 Madrid EFE in Spanish 1927 GMT
22 Aug 91*

[Summary] Montevideo, 22 Aug (EFE)—Dr. Gloria Ruocco, the director of the Uruguayan Public Health Ministry Epidemiology Department, today reported that 960 people are infected with the AIDS virus in Uruguay and that 197 of them have died.

Twenty-seven Deaths From AIDS in First Eight Months of 1991

*PY0809030291 Madrid EFE in Spanish 0340 GMT
5 Sep 91*

[Summary] Twenty-seven people died of AIDS in Uruguay during the first eight months of 1991. The total number of people who have died of AIDS since it was detected in the country in 1983 now stands at 103. A total of 776 AIDS carriers already have been registered in the country since 1983.

INDIA

First AIDS Victim in Kolhapur

91WD1065 New Delhi PATRIOT in English
11 Jul 91 p 5

[Text] Kolhapur, 10 July (PTI)—Acquired Immune Deficiency Syndrome (AIDS) claimed its first victim in the city, a 45-year-old woman, who died in the Chhatrapati Pramila Raje Hospital here last night, civil surgeon Dr. R.A. Pathak told PTI today.

Mrs. Baby Jagtap was admitted on 26 June to the hospital, he said.

A team of experts, comprising World Health Organisation member and adviser to the State Government Dr. Bhadkamkar, deputy secretary of public health Atre and programme officer Dr. Subash Salunkhe, is scheduled to visit the city on Saturday to review the situation and extent to which AIDS had spread in the city, Dr. Pathak added.

Developments in Fight Against AIDS**Help From WHO**

91WE0498A Madras INDIAN EXPRESS in English
16 Jul 91 p 6

[Text] New Delhi, 15 July (UNI)—The World Health Organisation (WHO) has agreed to provide assistance of more than \$1.3 million for financing the action plans to combat AIDS in Maharashtra, Tamil Nadu, West Bengal and Delhi.

Minister of State for Health and Family Welfare D.K. Tara Devi informed the Lok Sabha in a written reply on Monday that Maharashtra would receive \$445,000, West Bengal \$367,000, Tamil Nadu \$287,000, Delhi \$142,000 and Manipur \$63,000.

The control measures included information, education and communication about sexually transmitted diseases, she said.

The Minister was asked to comment on a news item appearing in a section of the press stating that a U.S. Congressman had reported India to be on the brink of an AIDS catastrophe.

She said the U.S. Congressman who had visited India in April this year had based his estimates on prevalence of infection among prostitutes and spread of infection among their clients in Bombay.

Probe in Delhi

91WE0498B New Delhi PATRIOT in English
17 Jul 91 p 5

[Excerpt] The government has instituted a high-level inquiry to review arrangements for dealing with AIDS/HIV positive cases in all the 13 hospitals in the Capital

including the All India Institute of Medical Sciences [AIIMS], Health Minister M.L. Fotedar told the Rajya Sabha on Tuesday, reports PTI.

He told Mr. Ghufuran Azam and Mrs. Satya Bahin in a written reply that the review had been ordered after the Government's attention was drawn to reports of AIIMS doctors refusing to deliver a baby of an AIDS infected woman in May this year. [Passage omitted]

Details of Tamil Nadu Fight Against AIDS

91WE0512 Madras THE HINDU in English
2 Aug 91 p 3

[Text] Madras, Aug 1—The AIDS control programme in Tamil Nadu has got a boost with WHO assistance of \$286,000.

The nearly Rs. 7.25-crore aid will be used for health education and training, surveillance and control, laboratory support, and programme management. The amount is to be spent over a one year period for prevention and control of AIDS in the State.

Getting top priority under the assistance is the health education and training component which will cover four groups—the policy makers, general public, high risk groups and medical personnel. The WHO will also make available equipment such as computers, audio-visual aids, and certain laboratory reagents.

The aid was finalised by the State Government a couple of days ago after the WHO representative, Dr. Kodaka-weich, who is in charge of the National AIDS Control Programme and attached to the Union Ministry of Health, had discussions with the State Government officials and medical professionals connected with programme implementation. A quarterly report on the programme will have to be furnished to the WHO.

Surveillance programme

As part of the surveillance programme, the AIDS cell at the Madras Medical College has taken up 'sentinel surveillance' of patients coming to the various outpatient departments of the General Hospital.

Under this scheme, blood samples of patients coming to the O.P. departments are taken without knowledge of the patients and getting details from them. A number of such samples have found to be seropositive for HIV and most of them are from those coming to the STD department and professional blood donors.

Besides this, the samples of all blood donors at the Government hospitals and a few private hospitals are screened at the AIDS cell at the MMC. About 150 to 200 blood samples are screened every day and roughly seven per 1,000 samples prove positive for HIV. The AIDS cell also receives 'query clinical cases' for testing, especially the blood samples of those who suffer fever of unknown origin for a long time.

As part of the control programme, the WHO has suggested that a full-time professional working in this field be posted to look after the programme and its implementation.

Resource group formed

An AIDS Resource Group, comprising Dr. Suniti Solomon, Additional Professor of Microbiology, Dr. M. Ganapathy, Additional Professor of Serology, Dr. S.A. Jayakar Paul, Physician in charge of AIDS, Dr. A. Rajkumar, Additional Professor of Psychiatry and Dr. Dharmalingam, Additional Professor of Sexually Transmitted Diseases, has been formed at the MMC.

To ensure better implementation of the programme, official sources say, all the microbiology laboratories in the Government hospitals have to be upgraded and equipped with ELISA readers to help in diagnosing the cases.

During the last one year, the Resource Group has detected 14 full blown AIDS cases at the General Hospital. The seropositivity in the State is increasing and there are over 2,000 seropositive cases as of now. 'Even with the limited facility available with us, we have been able to detect these cases,' the sources say and point out that testing facilities are available only at Madras, CMC, Vellore, and Madurai.

Though the number of seropositive cases in the country have been estimated to be around 5,000, the WHO has projected it to be anywhere around one million, especially since most of the States do not have adequate testing facilities.

Training for detection

On the education and training aspect, workshops have been held for medical personnel. An Indo-U.K. workshop was conducted for medical personnel in the State.

IRAN

Regime Claims 300 Infected with AIDS

91AS1098d London KEYHAN in Persian 4 Jul 91 p 4

[Text] Dr. Cheraghchi, general manager of the Ministry of Health, Treatment and Medical Education's campaign against contagious diseases for the Islamic Republic, said that 280 to 300 people in Iran are infected with the AIDS virus. Speaking in Semnan in an interview with the newspaper JOMHURI-YE ESLAMI, he discussed the AIDS illness in the country. He said: In Iran, the biggest problem with AIDS is hemophilia patients, seven percent of whom are infected with the AIDS virus.

Dr. Cheraghchi added: In this regard, so far 2,000 of these patients have been tested, of whom seven percent are infected. In view of the fact that it is estimated that

we have 4,000 hemophiliacs in Iran, there are between 280 and 300 people infected with the AIDS virus.

He announced that there are 19 people afflicted with AIDS (people in whom the symptoms of the disease have appeared). He said: A number of these people have died.

The general manager of the regime's Ministry of Health, Treatment and Medical Education claimed that most of these people have traveled outside the country or are addicted to injected narcotics.

The Islamic Republic regime has always concealed the real figures on those infected with the AIDS virus, and has even refrained from giving exact information in this regard to the World Health Organization, yet testimony from the nation's physicians, even before the end of the Iran-Iraq war, cited thousands of AIDS cases in the Islamic Republic. According to these physicians, there are three major factors in the spread of AIDS in the Islamic Republic: The use of infected blood in transfusions to war wounded at hospitals behind the lines (some of which was imported directly from Third-World countries by the revolution guards at low prices), widespread drug addiction and prostitution, and the government's concealment and failure to educate the public concerning sexual relations.

Dr. Cheraghchi also failed to mention the real factors in the spread of AIDS in Iran, but he did admit that: In view of the fact that our region (the Middle East) has a great capacity for spreading this disease, we have a comprehensive prevention and education program, and educational programs have also been started in the provinces. An anti-AIDS committee has also been formed. He also said: In addition to education, we have also tested all the endangered groups.

The regime's "health" official did not discuss the educational programs and how the "endangered groups" are being tested. However, those familiar with health issues believe that a regime that punishes extramarital sexual relations, homosexuality and addiction to narcotics with imprisonment, flogging, stoning and the like, and which refuses to promote and distribute the means to prevent the spread of AIDS through sexual relations and the injection of narcotics, will be absolutely incapable of fighting this terrifying disease. Addicts, homosexuals, and those who have what the government considers to be "illicit" sexual relations, prefer to conceal their illness and probably infect others. Fearing punishment, however, they do not seek such devices as condoms and syringes and they refuse to go to physicians and clinics for treatment.

Hemophiliacs Infected With AIDS

91WE0500 Tehran KAYHAN INTERNATIONAL
in English 30 Jul 91 p 1

[Text] Tehran (IRNA)—Hemophiliacs in Iran number 4,675 of whom 150 have been diagnosed as having contracted the deadly 'Acquired Immune Deficiency

Syndrome' (AIDS). Seventeen people have already succumbed to the dreaded disease, technical deputy of the Blood Transfusion Organization said Sunday.

According to Dr. Faramarz Sulaiman-Pour another 25 non-hemophiliacs suffering from AIDS have been identified, of whom eight have already died.

He said 30 percent of the construction work on a large blood refining plant in Tehran has been completed.

Putting blood products imports at \$10m annually, he said once the plant is completed, Iran would export \$10m worth of blood products in addition to meeting its domestic needs.

The plant, which has a blood plasma capacity of 80,000 liters, is to be inaugurated next calendar year (to start 21 March 1992).

Four Hundred Cases of AIDS Confirmed

91AS1344f London KEYHAN in Persian 8 Aug 91 p 2

[Text] Bijan Sadrzadeh, deputy minister of health care for the Ministry of Health, announced this week in Tehran: 400 people in Iran have been afflicted with AIDS. Sadrzadeh said: We have treated only 154 of the victims, because the rest either do not know about their disease or are afraid to contact a physician. Sadrzadeh said 33 people in Iran have died of AIDS since 1987. Recently a prominent university physician living in Iran told KEYHAN in an interview that there are about 1,000 people afflicted with AIDS in Iran.

An army physician also recently told KEYHAN: A considerable amount of the blood given to the injured during the Iran-Iraq war had not been tested, having been imported from Asian and African countries, and therefore some of the people who underwent surgery in those years are now HIV positive, which is the beginning of the AIDS virus, and now, several years after the war, this virus is active in the bodies of these individuals.

Children Infected With AIDS at Volgograd Hospital

*PM0509132291 Copenhagen BERLINGSKE TIDENDE
in Danish 3 Sep 91 p 1*

[Report by Bjorn Arild Hansen and Jan P. Solberg: "268 Soviet Children Injected With AIDS"]

[Text] Leningrad—A little prick in the arm was all the 268 children noticed at the Russian hospital in Elista two years ago. But today most of these children are dead, HIV-positive, or ill with AIDS. For all of them were injected using the same needle.

Today the children are behind the walls of a hospital outside Leningrad. It was never intended that the world should know anything about their fate. But the director of Russia's AIDS hospital, Dr. Yevgeniy Voronin, has now come forward to tell their story.

The 268 children were patients at a hospital in Elista south of Volgograd and were suffering from other illnesses when the tragedy happened two years ago. At the hospital a child was born which, it was later discovered, was HIV-positive and subsequently died. But before it died the baby received an injection and the same syringe was used on the other children in the hospital.

The 268 children have all been called to the AIDS clinic southeast of Leningrad. So far only 70 of the children have been to the clinic because their parents must foot the transport bill themselves.

But now the Salvation Army has entered the picture. It is paying for all the sick children's travel. Of the first 70 all but three were infected.

Voronin fears that the number of those HIV-positive will far exceed the 268 who so far have been identified and shown signs of infection. "They are only the tip of the iceberg," he said. He expects that the final figure for those infected at the Elista hospital will be double the current figure.

REGIONAL AFFAIRS

EC 1991-93 AIDS Action Plan Outlined

91WS0466I Luxembourg OFFICIAL JOURNAL OF
THE EUROPEAN COMMUNITIES in English
No L175, 4 Jul 91 pp 26-29

[Text]

COUNCIL

**Decision of the Council and the Ministers for Health of
the Member States, Meeting Within the Council
of 4 June 1991**

**adopting a plan of action in the framework of the 1991 to
1993 'Europe against AIDS' programme
(91/317/EEC)**

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE MINISTERS FOR HEALTH OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic Community,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament⁽¹⁾,

Having regard to the opinion of the Economic and Social Committee⁽²⁾,

Whereas the increase in AIDS is of major concern to Member States and the Community as demonstrated by the various instruments and Community texts adopted with a view to combating AIDS; whereas, in particular, in their resolution of 22 December 1989 on the fight against AIDS⁽³⁾, the Council and the Ministers for Health, meeting within the Council, requested the Commission to develop exchanges of information and experience, defining, as a matter of priority, the details and contents of an action plan incorporating appropriate measures to prevent and control AIDS;

Whereas the present plan of action for the programme 'Europe against AIDS' includes the guidelines already adopted; whereas it also contains other measures intended to contain AIDS;

Whereas, without prejudice to the responsibilities of the Member States in this area, promoting cooperation and the coordination of national activities as well as their assessment at Community level and the stimulation of Community activities make a valuable contribution to the fight against AIDS;

Whereas it is appropriate that a three-year plan of action should be laid down;

Whereas it is necessary to estimate the Community financial resources required for implementing this plan

of action; whereas the amount of these resources must be included in the financial perspective defined in the interinstitutional Agreements,

HAVE DECIDED AS FOLLOWS:

Article 1

1. The Commission shall implement, in close cooperation with the competent authorities of the Member States, the 1991 to 1993 plan of action set out in the Annex.

For this purpose it shall be assisted by an advisory committee composed of representatives of Member States and chaired by the representative of the Commission.

The duties of the committee shall in particular be:

-to examine projects and measures involving cofinancing from public funds,

-to coordinate, at national level, projects partly financed by non-governmental organizations.

The Commission representative shall submit to the committee a draft of the measures to be taken. The committee shall deliver its opinion on the draft within a time limit which the chairman may lay down according to the urgency of the matter, if necessary by taking a vote.

The opinion shall be recorded in the minutes; in addition, each Member State shall have the right to ask to have its position recorded in the minutes.

The Commission shall take the utmost account of the opinion delivered by the committee. It shall inform the committee of the manner in which its opinion has been taken into account.

2. When implementing the plan of action, the Commission shall take account of projects financed under its biomedicine and health research programme and of its results, and incorporate these in the relevant measures under the action plan, ensuring that they have a complementary and synergistic effect.

3. The Commission shall collaborate with international organizations active in this field, such as the World Health Organization (WHO) and the Council of Europe.

4. The Commission shall regularly publish technical information on the progress of the plan of action.

Article 2

1. The annual appropriations allocated for the activities provided for under the programme shall be adopted within the budgetary procedure.

2. The amount of the Community contribution deemed necessary to implement the action covered by this Decision for 1991 to 1992 shall be ECU 6 million.

Article 3

1. The Commission, in collaboration with the advisory committee referred to in Article 1 ⁽¹⁾, shall continuously assess the action undertaken and the priorities set.

2. The Council and the Ministers for Health of the Member States, meeting within the Council, shall carry out an evaluation of the effectiveness of the action undertaken.

To this end, the Commission shall submit to the Council a report on the subject during the second half of 1992. That report shall also be sent to the European Parliament.

Done at Luxembourg, 4 June 1991.

The President

J. LAHURE

ANNEX

1991 TO 1993 PLAN OF ACTION

ACTION 1: Assessment of the knowledge, attitudes and behaviour of the general public and target groups

- Examining the results of surveys on knowledge, attitudes and behaviour carried out in the Member States and at Community level; assessment and dissemination of the results.

- Regular examination of the surveys to be carried out at Community level in this area, particularly as part of the Eurobarometer system.

ACTION 2: Informing and increasing the awareness of the public and certain target groups

- Studies of the information campaigns for the general public and target sections of the population and of measures to influence behaviour carried out in the Member States; dissemination of the results; encouragement of exchanges allowing experience in the Member States to be compared.

- Feasibility studies:

- with a view to coordinated Community action to foster the awareness of the general public and certain target groups to complement the campaigns carried out in the Member States; preparation, if appropriate, of action proposals,

- for the preparation of a European code, written in layman's language and placing particular emphasis on non-discrimination against persons infected by HIV.

ACTION 3: Health education for young people

- Development of exchanges of information on health education measures undertaken in schools and in various training and apprenticeship schemes; encouragement of exchanges of professionals and of teaching

materials and cooperation through the organization of specific seminars, intended in particular for teacher-training staff and geared towards the dissemination of new methods.

- Exchanges of experience and promotion of pilot projects to make young people who are not at school aware of the need to prevent HIV infection.

ACTION 4: Prevention of HIV transmission

- Fostering Community self-sufficiency in blood products by encouraging voluntary unpaid donors and continuing the efforts made to ensure transfusion safety.

- Adoption of Community measures for maintaining and/or improving the quality of condoms; exchanges of information on the promotion of condoms to the public at large and target groups.

- Assessment of the measures implemented in the Member States to supply safer injecting materials, including new types of disposable syringes and needles.

- Exchange of information on new approaches to preventing HIV transmission among certain target groups and promotion of pilot projects, if appropriate.

ACTION 5: Social support, counselling and medical treatment

- Exchanges of experience, evaluation and, where appropriate, promotion of 'helplines' which respect the confidentiality of calls, including encouragement of appropriate ways of informing the public that they exist.

- Promotion of appropriate ways of informing persons infected by HIV about the various forms of social support, counselling and medical help available, including the various methods of care, self-support, home care, housing or other forms of accommodation.

- Promotion of appropriate ways of informing health professionals about the various forms of social support, counselling and medical help available and promotion of exchanges of practical experience of them.

ACTION 6: Estimating the cost of managing HIV infection

- Examination of the parameters used in the Member States for identifying the health and social costs of managing HIV infection; feasibility study for the purpose of developing common approaches in this area.

- Appraisal of existing HIV cost projection models with a view to the planning of social and health services and of access to early treatment; feasibility study for common approaches.

ACTION 7: Gathering data on HIV/AIDS

- Appropriate support for epidemiological monitoring systems in the Member States to improve the quality of data at Community level.

- Support for the European Centre for the Epidemiological Monitoring of AIDS (WHO-EC Collaborative Centre in Paris) in order to continue to ensure that there is a reliable and widely accessible database at Community level and dissemination of epidemiological data and reliable analyses.

- Study on the feasibility of establishing common and/or comparable methodologies for gathering data on HIV infection, with due regard for the principle of the confidentiality of personal data and of appropriate information for the persons concerned.

ACTION 8: Enhancement of human resources

- Surveys of pre- and post-qualification training given to public health workers and to workers responsible for health care, social support and counselling for HIV-infected persons and persons close to them; exchange of experience.

- Introduction of an exchange programme for the professionals concerned.

- Exchange of information and promotion of appropriate teaching materials and tools to accelerate the education and continuous training of professionals.

ACTION 9: Measures to combat discrimination against HIV-infected persons and persons close to them

- Regular analysis at Community level, in cooperation with the Member States, of situations which might be discriminatory.

- Exchange of information on measures taken by the Member States to avoid discrimination.

- Where necessary, proposal of appropriate measures at Community level.

ACTION 10: Research and international cooperation

- Contribution to Community action within the third framework programme of research and contribution to the field of international cooperation.

⁽¹⁾ OJ No C 158, 17. 6. 1991.

⁽²⁾ Opinion delivered on 29 May 1991 (not yet published in the Official Journal).

⁽³⁾ OJ No C 10, 16. 1. 1991, p 3.

DENMARK

Agency To Lead International AIDS Project

91WE0443A Copenhagen BERLINGSKE TIDENDE
in Danish 25 Jun 91 p 9

[Article by Kirstin Sorrig: "AIDS Is Hitting More and More Women"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] A new research project supported by the Danish International Development Authority (DANIDA) is to provide more information about skin diseases and AIDS. The center of the project will be the Bispebjerg Hospital, which is to cooperate with research workers from Haiti, Brazil, and Thailand, where AIDS is increasing explosively. "Observation of developments has shown that women are in just as much danger as men," a research worker on AIDS from Thailand says.

"Women are infected with AIDS just as easily as men. There is no reason to believe that they are more resistant." The Thai AIDS research worker from the University in Chiang Mai, Prakong Vithayasai, is completely convinced of that after following the development of AIDS since the first case occurred in Thailand in 1984.

Prakong Vithayasai was here in Copenhagen recently in connection with a new program of international cooperation between the Bispebjerg Hospital and research workers from Thailand, Haiti, and Brazil. The project, which is supported by DANIDA, is to collect material on skin diseases in connection with AIDS for a period of a year.

Material from the three countries, which all are experiencing an explosive increase in the number of AIDS cases at present, is to be assembled and analyzed at the Bispebjerg Hospital.

As was mentioned in BERLINGSKE TIDENDE yesterday, the new official AIDS figures for Thailand show that about 300,000 individuals are HIV-positive. That figure is expected to increase to 575,000 by the end of 1991. The greatest spread is taking place in the Chiang Mai area, and Bangkok is in second place in that respect.

"We discovered the first HIV-positive prostitute in the Chiang Mai area in 1988. An explosive increase has taken place since then that shows that women are in at least just as much danger as men. Spot-checks show that 1 percent of the pregnant women in the area are HIV-positive. That is an enormously large number by comparison with Denmark, for example," says Prakong Vithayasai.

Checks also show that more than half of the prostitutes are HIV-positive after working as prostitutes for six months. After six to 12 months, more than 70 percent are infected. There is a big difference among the girls in different categories. At the moment, 72 percent of the "cheapest ones" and 16 percent of the "most expensive ones" are infected.

"The girls can have up to 30 customers a day, so the danger of infection is very high," Prakong Vithayasai says, "and it is spread over the entire country, for it certainly is not just foreign tourists who use the services of prostitutes. Thai men are also frequent customers. They begin when they are still young because, according to Thai standards, such relationships are not acceptable

among young people in the same circle of acquaintances. For that reason the young men go to strangers—to prostitutes.”

If a Thai man goes on vacation, a visit to a brothel is also on the program, as a rule. If not, it is said that he did not have a real vacation. And if he goes to the city with business associates, the trip also often ends with commercial sex.

Skin Diseases and AIDS

“Married men also go to prostitutes. They regard it as simply a part of a man’s life. That provides fertile soil for an entirely uncontrolled spreading of diseases, and therefore we are currently conducting a number of information campaigns on safe sex and how important it is to use condoms. And fortunately, our first checks indicate that the campaigns are having an effect,” she says.

It is the Bispebjerg Hospital’s ward for skin and venereal diseases that is to be in charge of the new international cooperation on research. As a matter of fact, some of the very first symptoms of AIDS appear as changes in the skin and the mucous membranes. Indeed, those changes take place in some cases even before changes in the blood occur—that is, before one can demonstrate through AIDS tests that a person is HIV-positive.

“The more information we get on skin diseases in connection with AIDS, the better will be our ability to get a timely treatment going—when a treatment is discovered,” Superintendent Kaare Weismann of the Bispebjerg Hospital says. He is in charge of the new research project along with his colleague Jorgen Sondergaard.

The two doctors are also the coauthors of the book entitled *Skin Symptoms in Connection with AIDS*, which has come out in English, French, and Spanish.

“Denmark is very far ahead internationally where research on skin diseases in connection with AIDS is concerned,” says Jorgen Sondergaard. “We got started as early as 1984, and we have kept track of a big group of HIV-positive individuals since 1986,” he says.

Although a way of treating and curing AIDS has not yet been discovered, research on skin diseases has produced results by which AIDS patients also benefit. For example, it is possible to treat the feared Kaposi Sarkom skin cancer, which is an indication that AIDS is breaking out. The same is true of a special type of facial warts.

“When a person gets Kaposi Sarkom or facial warts, that is something like a clear-cut indication, for many people want to know what is wrong immediately. Therefore, the fact that the disease can now be treated in such a way that the skin eruptions disappear entirely is naturally fantastically important,” Kaare Weismann says.

“Treatment of skin diseases does not mean just something psychic. If we can make a contribution toward reducing the ailment or increasing the mucous membranes’ resistance, we will also increase resistance to the

many complications that endanger AIDS patients. Furthermore, by considering the various skin diseases, we can often see how far the disease has advanced,” he says.

Cooperation with Thailand, Haiti, and Brazil will provide the doctors with much more research material than they have at present. It will also be possible to use the knowledge they obtain in connection with the collecting of material to produce more knowledge concerning rare diseases.

For example, Dr. Prakong Vithayasai has discovered that AIDS patients in Thailand come down with the otherwise tremendously rare fungus infection *Penicillium Marneffe* amazingly often. It is so rare that only about 35 people in the whole world get it in a year. That is to say, at least that is what people thought until Prakong Vithayasai found it in 10 of her AIDS patients last year.

Minister Backs Disclosure of AIDS Cases

91WE0493A Copenhagen BERLINGSKE TIDENDE
in Danish 26 Jul 91 p 4

[Article: “Minister: The Doctors Must Disclose AIDS Cases”—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Physicians’ professional confidentiality can be broken in special instances. The minister of health thinks that physicians have the obligation to disclose cases of HIV-infected patients if the infected person does not want to inform the partner.

The doctors are faced with a problem when an HIV-infected patient does not want to inform the partner about the risk of infection.

“The HIV and the professional confidentiality are problematic,” says Per Hors, deputy chairman of the General Danish Medical Association.

“In principle, the doctors should, of course, maintain their professional confidentiality, especially with regard to the confidence between doctor and patient. In fact, we have had a real case where we felt that it was appropriate to intervene and tell a spouse that the other spouse was HIV-infected, as the party did not do it on his own.”

Health Minister Ester Larsen (V) has appealed to the doctors to break the professional confidentiality if HIV-positive patients do not tell their partners that they are infected.

Ester Larsen’s appeal is based on Paragraph 9 of the medical law. It is stated there that a doctor can break his professional confidentiality if he is acting “to justify the protection of public interest or because of the patient’s or someone else’s need.”

With his statement, Per Hors maintains the Medical Association's previous standards of violations of professional confidentiality. Namely, that this should be disregarded in this one situation. But he also thinks that with regard to the HIV and the AIDS issue, it is equally important to discuss the problems as the society is constantly changing.

Not Thoroughly Thought Out

The National Association of Gays and Lesbians thinks that the appeal may have incalculable consequences for the future fight against AIDS infection.

The National Association of Gays and Lesbians calls the minister's appeal both dangerous and not thoroughly thought out because the result will be an alarmed population that no longer dares go to the doctor. On top of that, the HIV-infected are often in a situation where they need medical and psychological aid the most. This will bring about the opposite results in connection with the fight against infection, says the National Association of Gays and Lesbians.

First County AIDS 'Support Corps' Formed

91WE0486B Copenhagen BERLINGSKE TIDENDE
in Danish 31 Jul 91 p 2

[Ritzau News Agency (RB) report: "First HIV/AIDS Corps"]

[Text] Odense (RB)—Fyn County is the first in the country to start forming a corps of volunteer support people who can fill an acute need for both emotional and practical support for people who are HIV positive and AIDS victims.

The purpose is to break a vicious circle of apathy-anxiety and isolation that often follows in the wake of a diagnosis of HIV infection and leads to many so-called social hospital admissions, according to FYENS STIFTSTIDENDE.

The Fyn County finance committee has appropriated 325,000 kroner for setting up a social network for those infected with HIV or suffering from AIDS.

A working group of Fyn AIDS Info and Odense Hospital representatives is behind the experimental project.

The group has expanded on experiences from a similar support project in San Francisco.

Greenland Sets Safe-Sex Campaign

91WE0486C Nuuk GRONLANDSPOSTEN in Danish
2 Aug 91 p 3

[Article by "JTH": "Use Condoms"]

[Text] Nuuk—There are a great many wonderful things about life in Greenland but it is necessary to take

precautions, for otherwise things could change drastically. Such a change could occur if AIDS becomes widespread in Greenland, for example.

That is the message in Paarisa's condom campaign this year.

In coming weeks Paarisa, the Greenland Contraception Council, will make a special effort to combat the threat of AIDS. In a series of ads on KNR-TV people will be reminded that life is wonderful if you take care to keep it that way.

In a press release Paarisa writes that the council will work hard to get people to use condoms if they have more than one sexual partner or if their partner falls in this category.

Along with the TV ads Paarisa will send posters, stickers and condom samples to stores, restaurants, and taxi services. Paarisa is hoping that the stores, restaurants, and taxi drivers will support the campaign by selling Paarisa's "A.N." condom, which stands for "AIDS? Naamik." (AIDS? No thanks.)

"There is a lot that is wonderful about life in Greenland but it is necessary to take precautions for otherwise it could be changed drastically, as would happen, for example, if AIDS becomes widespread," the Contraception Council writes and continues: "This is true of the individual who is stricken with AIDS and it also applies to society as a whole. By protecting yourself from sexual diseases you are helping prevent the spread of AIDS," Paarisa concludes.

AIDS Victims To Get Benefits Before Death

91WE0486A Copenhagen BERLINGSKE TIDENDE
in Danish 7 Aug 91 p 5

[Article by Sten Jensen: "Law Change Will Help AIDS Victims"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] A current case involving a father with AIDS is a factor in a proposal to change the compensation law so that in the future the full amount can be paid to people who are mortally ill. This will be a ministerial decision.

"We are preparing a revision of the law here at the Occupational Injury Board in cooperation with the Social Affairs Ministry.

"The current question of whether there should be greater latitude to capitalize (pay the full amount, Ed.) payments to people who are mortally ill will be thoroughly examined. But ultimately this is a ministerial decision," said Occupational Injury Board section chief Ole Pontoppidan.

The statement was a comment on the case of an AIDS-stricken family man Ib Pedersen who, as we reported

Monday, is demanding full payment of an injury compensation of 440,000 kroner now instead of in monthly installments of around 3,000 kroner.

Ib Pedersen fears he will die within a short time and if that happens his family will not see one krone of the compensation. Next Monday he will start a hunger strike in front of Christiansborg in protest.

Paid 1.2 Million Kroner

Preben Groes, department manager of the Occupational Injury Board, said the man had received around 1.2 million kroner since the middle of the 1970's in occupational injury benefits and compensation for the AIDS he incurred and now wants the remainder paid in a lump sum.

The law says that one can ask to have compensation entirely or partially capitalized unless the administration considers this financially unadvisable.

And that is precisely what happened. It would clearly be an advantage for Ib Jensen [as published] to have the sum paid in full, but unfortunately for him the Social Appeals Board ruled in favor of the Occupational Injury Board.

GERMANY

AIDS Vaccine Tested Successfully on Primates

91MI0437 Bonn DIE WELT in German 8 Jul 91 p 19

[Article by Klaus Koch: "Glimmer of Hope for AIDS Vaccination"]

[Text] There are growing signs that a vaccine against the HIV immunodeficiency virus could be developed by the end of the millenium, despite the fact that as little as three years ago many scientists were pessimistic about whether vaccination against the AIDS virus would ever be possible at all.

The most recent success has been announced by the Goettingen Primate Center, where Professor Gerhard Hunsmann's team has succeeded in protecting four out of seven rhesus monkeys from SIV [Simian Immunodeficiency Virus] with four inoculations over a period of 16 weeks. SIV is closely related to the human AIDS virus, and in rhesus monkeys it provokes an immunodeficiency similar to that found in humans. An American group reported similar results with rhesus monkeys last year.

"Back to basics" could be the watchword of the success at Goettingen. Well-tried but laborious methods were used to produce the vaccine. To make only a few milligrams, monkey viruses had to be isolated from 100 liters of cell culture medium. "Back-breaking work," is how Professor Hunsmann describes it. A detergent, a soap-like compound, was then used to extract the protein components from the virus concentrate, and any surviving viruses were killed with an ether treatment. Aluminum hydroxide, an additive that assists immunization was then added to the

solution. This is how vaccines against influenza and measles viruses have been produced for over 20 years.

Although the traditional method of vaccine production used in Goettingen seems safe, a future HIV vaccine, should there ever be one, is unlikely to be made in this way to rule out the risk of contamination by living viruses. For this reason, the crucial virus components must be identified now so that genetic engineering methods can subsequently be used to make them from bacteria or other cells. This method of vaccine production also has other advantages: There is no danger of infection, even during production, the vaccine can be produced with consistent quality, and manufacturing costs are significantly lower.

The mixture used in Goettingen must now be separated into its fractions. It will then be possible to identify systematically those virus proteins which, individually or in combination, actually produce the protection against living viruses. Here again, the European work-sharing that is behind the Goettingen team's success will come into its own. Nine institutes from six EC countries had shared out the research work between them on a rational basis in order to save on animal experiments, resources, time, and money. The success of the team at the German Primate Center shows that the European concept adopted for the "First European AIDS Vaccine Trial," to give it its official title, was the correct one.

What must now be examined is how long the inoculated monkeys will retain their immunity and whether the reason why three of the animals were not immune was merely that they were given too small a dose of the vaccine.

Apart from the protective effect itself, the Goettingen team hopes it has uncovered a second important detail. Only in the blood of the four protected monkeys did the SIV infection trigger the multiplication of an important cell group of the immune system, to which the T-cells belong. If it is confirmed that this easily measurable reaction is a sure sign of immunity, a large number of animal experiments and a whole year's work could be saved, says Hunsmann. Instead of using live monkeys, many of the experiments required in the search for the virus components responsible could be carried out on animal blood samples.

However the crucial SIV proteins are found, the next step consists in transferring the results to the human AIDS virus. Only at this stage does Hunsmann contemplate experiments involving chimpanzees. Unlike rhesus monkeys, anthropoid apes can be infected with the human AIDS virus, but they do not develop the typical symptoms of the disease. Last year, an American team succeeded in inoculating three chimpanzees, man's closest relative in the animal kingdom. However, the very fact that chimpanzees are so rare means that detailed, prolonged series of experiments on these animals are out of the question.

Finally, if an HIV vaccine really does promise long-term protection, trials will have to be run on human beings. Tests on high-risk groups such as homosexuals, and possibly also large-scale test programs in the particularly

threatened cities of Africa, would then have to demonstrate whether and according to what pattern vaccination may also reduce the risk of natural infection. Despite the clear-cut planning, it will be some years yet before that stage is reached. Until then, Gerhard Hunsmann hopes most of all that "they give us enough money and leave us to get on with it."

PORTUGAL

AIDS Poll, Research Reveal Extent of Problem

AIDS Campaigns 'Insufficient'

91WE0475A Lisbon SEMANARIO in Portuguese
20 Jul 91 p 28

[Text] The Portuguese people are dissatisfied with the performance of those responsible for AIDS prevention and information. This Norma/SEMAMARIO poll reveals that the overwhelming majority of Porto and Lisbon residents consider the anti-AIDS campaigns inadequate by far. And this is not a simple majority: It represents 77.3 percent of those interviewed in Porto and 85 percent of those in Lisbon.

This opinion is, obviously, even more marked among men than among women and maintains a moderate balance among the various age groups. The inhabitants of the south complain more than do those in the north of the campaigns' inadequacy—85.3 percent dissatisfied in Lisbon, as compared with only 77.3 percent in Porto.

As for learning whether summer has an effect on Portuguese sexual habits, the replies to the first question leave no room for doubt. Nearly all think that AIDS alarms people more during the summer season. A considerable although clearly a minority number are equally concerned during summer and the rest of the year. Finally, and inexplicably, a group ranging between 3 and 11.9 percent is less concerned about AIDS during the hot weather months. Why? The rise in room temperature probably reduces the power of rational over corporal motivations.

The conclusion that may be drawn from this poll is that, in this realm of behavior, we are still quite different from our fellow Community members, who often appear saturated with information on AIDS. In Portugal, habits are stodgy, the advertising of condoms causes controversy, the discussion of sexual matters is usually deliberately superficial, and silence is golden. This is probably why the number of persons stricken by AIDS increased so much last year, while stabilizing in other countries. Who is to blame? Do we have to attain the Spanish or French statistics to discuss the issue more?

Lisbon						
		Sex		Age		
	Total	Male	Female	18-34	35-54	Over 54
With summer and tourism, are people more or less concerned about AIDS?						
More concerned	74.7	74.6	74.7	81.3	75.0	68.0
Less concerned	8.7	11.9	6.0	6.3	11.5	8.0
Equally concerned	16.0	11.9	19.3	12.5	13.5	22.0
No answer	8.7	1.3	—	—	—	2.0
Are anti-AIDS campaigns sufficient or insufficient?						
Sufficient	13.3	9.0	16.9	16.7	17.3	6.0
Insufficient	85.3	91.0	80.7	83.3	82.7	90.0
No answer	1.3	—	2.4	—	—	4.0

Porto						
		Sex		Age		
	Total	Male	Female	18-34	35-54	Over 54
With summer and tourism, are people more or less concerned about AIDS?						
More concerned	80.0	75.4	83.5	80.4	76.5	83.7
Less concerned	7.3	9.2	5.9	10.7	3.9	7.0
Equally concerned	12.7	15.4	10.6	8.9	19.6	9.3
No answer	—	—	—	—	—	—
Are anti-AIDS campaigns sufficient or insufficient?						
Sufficient	21.3	16.9	24.7	21.4	17.6	25.6
Insufficient	77.3	83.1	72.9	76.8	80.4	74.4
No answer	1.3	—	2.4	1.8	2.0	—

Technical Record

Universe: Individuals over age 18 residing in the cities of Lisbon and Porto, in households with a telephone.

Sample: Proportional, on each municipal level, using the quota method with the control variables of sex, age, and occupation. Three hundred individuals were queried.

Sampling: Based on a telephone list, with random selection.

Interview: Telephonic, using a structured questionnaire.

Fieldwork: Interviews held on 17 July 1991.

Institution Responsible: The research was directed by NORMA, Inc., Portuguese member of Gallup International.

Behavior Surveyed

91WE0475B Lisbon PUBLICO in Portuguese
27 Jul 91 pp 2-5

[Article by Isabel Coutinho and Isabel Salema: "AIDS: The Head Buried in the Sand"—first paragraph is PUBLICO introduction]

[Excerpts] A bucolic nation with moderate habits, minor ambitions, and small joys, Portugal is still behaving as if AIDS were something that only happens to others. This holds true even in instances wherein the real risk would advise the greatest precaution. The picture shown by the sociological study we are presenting of the Portuguese people's sexuality is that of a country considerably more faithful and virginal than might be expected, but one in which the risk behavior is unbalanced because virtually no care is taken for prevention here.

"When we began receiving these data, we discerned how serious the situation was from a behavioral standpoint. This doesn't mean that we are already in an epidemic situation, with a large-scale spread of the virus; but the existing behavior is fostering rapid transmission of AIDS. That's the problem." These remarks were made by sociologist Joao Santos Lucas, the author of a study conducted in Portugal on the sexual behavior of the Portuguese titled "Knowledge, Attitudes, Beliefs, and Practices Associated With AIDS."

This researcher cites the "highly disturbing" figures on the systematic use of condoms if the person knows that the partner has used drugs. Among men, the percentage giving a positive response is 21, and among women, it is 9.

But, if we check the number of persons claiming never to use a condom in such situations, the figures are even more enlightening: 46 percent of the men say they never use a condom, while 51 percent of the women make the same assertion. Santos Lucas, who took a poll among 2,500 Portuguese in some 60 localities with over 10 residents, claims: "This is another extremely alarming

situation. The women seem to have less will power in these circumstances and less often succeed in forcing the use of a condom."

Fear of Losing the Client

Men and women between the ages of 18 and 49 responded, in direct interviews, to nearly 200 questions devised by 20 researchers from the World Health Organization, a group of which Joao Santos Lucas is a member. The poll was taken between November 1990 and January 1991. The idea, after achieving uniformity on the international level, was to make a comparative study on the sexual behavior of the various populations.

According to the sociologist, the first "extremely disturbing" finding is the percentage of persons engaging in sexual relations in exchange for favors or money who claim always to use a condom: only 31 percent. "Prostitutes know that they should use a condom, but they are afraid of losing clients if they demand its use. And many men refuse to use it."

This poll, unlike the one taken in Lisbon, did not make a distinction regarding the use of condoms for casual sex but, rather, covered their use in all sexual relations. The methodology here opted to differentiate by age and relationship status. It was found that 77 percent of married men claim never to have used a condom during the past four weeks, while 8.1 percent responded "always," and 15 percent "occasionally." On the other hand, among unmarried men with regular partners, fewer responded that they had never used a condom during the past month: 62 percent. And more claim to have always (20.4 percent) or occasionally (17.6 percent) used one. The group of single men without regular partners revealed a surprising behavior: The number of those claiming never to have used a condom is higher than among married men (78 percent), although more claim always to do so. Hence, the ones taking the most precautions against the risk of AIDS infection are not single men, as might be expected, but, rather, unmarried men with partners.

The Importance of Marriage

During the past 12 months, 22 percent of the husbands questioned admit having committed adultery. On the other hand, two-thirds of the husbands claim not to have had extramarital relations during the past year. And 3 percent refused to answer the question.

Among the female sex, marriage actually appears to be a matter of fidelity because only 1 percent of the married women admitted having had extramarital relations during the past 12 months, while nearly all (98 percent) gave a negative response.

To a certain extent, it is possible to conclude that passage through the registry office influences the notion of fidelity among Portuguese men. The fact is that, insofar as extramarital relations are concerned, 41 percent of unmarried men with regular partners claim to have been

unfaithful during the past year. Nevertheless, 58 percent gave the opposite answer. Among women, official marriage also entails greater fidelity: 17 percent of unmarried women with regular partners admit having been unfaithful, while the negative responses, compared with those of married women, decline to 82 percent.

According to Joao Santos Lucas, the adoption of safe behavior by the Portuguese population is his major concern. "That's my main point. I'm trying to find out who practices it and the factors associated with safe behavior, and, on the other hand, those with risky behavior." What is safe behavior? "Having sexual relations with the use of a condom."

Women More Faithful

Also in connection with fidelity, the behavior of women, even in homosexual relations, is more constant. "There are more women having relations only with women than men only with men. Thus, among women with homosexual or bisexual behavior, homosexuality is far more common than bisexuality."

As for homosexuality and bisexuality, 1 percent of women and men between the ages of 18 and 34 claim to engage in this type of relationship. "These figures result from the information that individuals gave us. The reality is certainly different from this. However, I can say that the situation depicted is clearly similar to that in other European countries."

The poll also discovered that 76 percent of those queried claim never to have had a sexually transmissible disease. In the case of one of them (gonorrhea), the study revealed that "Porto has more experience with gonorrhea." The northern city has 8 percent of such cases, and Greater Porto 6 percent. In the capital, only 6 percent have experienced the disease, and, in Greater Lisbon, 5 percent. This is a trend contrary to the AIDS experience recorded in the two cities. According to recent data from the National Health Institute, in March 1991 there were 328 Lisbon residents and only 46 Porto residents with AIDS. [passage omitted]

Sex: How Lisbon Is Faring

This is a study on sexual behavior in the nation's capital, in which 800 persons were questioned. Two-thirds of the adults over age 20 admitted having experienced one of these situations during the past year: having extramarital relations, having two or more sexual partners, never using a condom, having homosexual or bisexual relations, procuring prostitutes, or having sexual relations with persons whose past is unknown to them—all of this during an AIDS era.

Adolescents born between 1970 and 1974 became sexually initiated later than the group of Lisbon residents born during the 1960's. This was one of the surprises resulting from a poll on the sexual behavior of Lisbon residents based on 800 interviews and taken for the

purpose of obtaining more information on the sexual habits of the Portuguese population and on the risk of AIDS.

Of the young men and women currently between the ages of 16 and 20, only 55.7 percent of those polled responded that they had already had their first sexual relations. But, among the group of Lisbon residents born between 1961 and 1969, 80.5 percent of those queried began before age 20.

Sociologist Fausto Amaro, coauthor, with nurse Louise da Cunha Teles and psychologist A. Dantas, of the study "Sexual Behavior in the City of Lisbon," produced from the double poll in March 1990, makes this claim: "People are beginning later. We can't claim that this is due to AIDS, but we can cite the possibility that the disease is having a retarding effect on sexual initiation." The first results of the study were presented in June at the Seventh International Conference on AIDS, in Florence, and will soon be published in their entirety.

"Don't you agree with me?" asks Fausto Amaro, addressing Louise da Cunha Teles, who confirmed with an affirmative nod the possibility that fear of infection may have caused some restraint in the sexual behavior of adolescents.

Nevertheless, of those adolescents, only 20.3 percent view AIDS as a personal risk, and only 13.2 percent admit having changed their sexual behavior because of the disease. In the United States, where 179,000 persons have already become infected, according to the latest World Health Organization figures, the studies made show an increased awareness of the dimensions of the infection risk.

Condoms: Seldom Used

The Portuguese poll reveals that only 12 percent of individuals under age 21 always use condoms during casual sexual contacts, and, among adults, the number declines to 8 percent. Fausto Amaro, who does not seem alarmed by the data collected, adds: "Regular use is very slight. And the motivation for its use is as a birth control method."

He remarks that, when sexual behavior and attitudes toward AIDS prevention become known, it still remains to be learned why people fail to change their habits from the standpoint of risk. "Only someone not struggling with behavioral problems could assume that they can be easily changed."

In any event, resulting from the experience of the poll are what Fausto Amaro terms "a few assumptions": Few condoms are used because people fail to see their usefulness. AIDS is still considered a major health problem for the society, in general, but those interviewed do not regard themselves as being at risk; it is an abstract risk.

"People change their behavior only when the benefits outweigh the costs. And what are the psychological costs?

Changing behavior, purchasing condoms, and being ashamed of exposure." For example, during the poll, a woman showed up fearful of becoming infected because she thought her husband was unfaithful to her. Nevertheless, she opted not to introduce condoms into their marital relations because she was afraid of the consequences of verbalizing that distrust.

Only Fear of Death

Louise da Cunha Teles, for her part, is less optimistic. She thinks that many people will have to die before behavior will change. "We know from the history of health that only a few individuals assume attitudes as a means of primary prevention. Most of them have to observe the disease in all its fatal dimensions." She also gives a reminder that, in the United States, it was only after many homosexuals died that the country began noticing a different behavior regarding casual sex.

Fausto Amaro disagrees and retorts that only the best educated homosexuals have changed their behavior, and the young people who were sexually initiated during the AIDS era are not taking precautions. "We know very little about what prompts individuals not to change their behavior when they see their friends dying. There has not yet been sufficient research. This is our next step: behavior and the problems of changing it, making a psychosociological study—that is, of what prompts people to have one kind of behavior and not another."

Notions of Fidelity

During the poll, it was learned that 7.6 percent of the men had relations with prostitutes during the past year, and 27.7 percent engaged in sex outside of marriage. The women are less promiscuous (Fausto Amaro concluded, without surprise) because only 8.9 percent were unfaithful to their husbands. The researchers also managed to discover that only 14.9 percent of the women admitted that their husbands had extramarital sexual relations and that some men did not consider it infidelity to have sex with prostitutes.

Thus, it was concluded that "many women are confident of their husbands' fidelity and would not take any precautions against AIDS." Furthermore, it was also clear that the notion of infidelity is not the same for everyone. On the basis of the example of the men who do not regard sexual relations with prostitutes as an act of infidelity, a prevention campaign associating the use of condoms with infidelity, for example, would not succeed among such men. Fausto Amaro explains: "If we don't conduct this type of study, we run the risk of devising prevention campaigns against AIDS based on what we think the reality is and not on the reality per se."

But there are more examples given by the researchers on the sexual behavior of Lisbon residents. Anal sex is practiced by 14.8 percent of the men and 6.5 percent of the women, while 3.1 percent of the men under age 21 and 2.2 percent of those over that age admit having had

homosexual relations during the past year. The sociologist claims: "The risk of infection increases 20 times with the practice of anal relations."

With regard to oral sex, 33.5 percent of the men and 25.8 percent of the women claim to practice it. As for awareness of the sexual habits of partners during the past year, 14.6 percent of the men and 3.3 percent of the women admit ignorance of them.

Among those under age 21, nearly 50 percent of the men had only one partner during 1990, whereas under 30 percent had two or three. In the case of women in the same age group, the single partner status rose to 80 percent, and only 10 percent claimed to have had two or more partners. Nearly 60 percent of the older men admit having had one partner during the past year; among women in this group, the percentage with single partners is equal to that among adolescents. And only under 20 percent of the men claim to have had two or more partners.

In a general summary, two-thirds of the adults over age 20 admitted having experienced one of the following situations during the past year: extramarital relations, two or more partners, no systematic use of condoms, homosexual relations, sexual relations with prostitutes and bisexuals, and sexual relations with persons of an unknown past.

Fausto Amaro declares: "Our attitude is not moralistic but merely scientific. We aren't saying: Behave this way or that. All we intend to do with this study is to publish it." However, in the findings contained in the report submitted in Florence at the international conference devoted to AIDS, it is written: "This investigation suggests several ideas that could be used in educational programs."

Polling Method

The size of the sample was determined on the basis of the 1981 census, which records 807,000 persons in Lisbon. Thus, the poll included 800 persons, divided into two groups. The first consists of youths between the ages of 16 and 20. The second covers the adult population over age 20, with 52 percent women, in an attempt to obtain a sample representing the city's demographic reality. The sampling method is aleatory because the residences were selected at random. The contact was personal. Two questionnaires were prepared. In the first, the individuals were asked 25 questions to which verbal responses could be given: sexually-related attitudes and values, and some specific types of sexual behavior. The second questionnaire was written, anonymous, and confidential. With 58 queries for adults and 65 for the youth group, the questions dealt with the individual's own sexual attitudes and behavior.

**Lisbon
Extramarital Sex
(Individuals Age 21 and Over)**

	Men	Women
Admitted	27.7	8.9
Estimate of Partners' Infidelity	14.9	3.7

**Lisbon
Perception of Personal Risk of AIDS**

	No	Yes	Never Thought of It
Individuals under age 21	67.4	20.3	12.3
Individuals age 21 or over	73.5	20.5	6.0

**Lisbon
Change in Behavior Due to AIDS**

	Did Not Change	Changed	No Answer
Individuals under age 21	74.9	13.2	11.9
Individuals age 21 and over	73.5	13.8	12.7

**Lisbon
Use of a Condom in the Past Year**

	Never	Occasionally	Almost Always	Always	No Answer
Individuals under age 21	40.7	24.6	22.8	12.0	—
Individuals age 21 and over	52.2	19.3	8.8	8.0	11.3

**Lisbon
Number of Sexual Partners in the Past Year Cited by Persons Under Age 21**

	Number of Sexual Partners				
	1	2 or 3	4 or 5	6 or more	No Answer
Men	49	25	6	8	12
Women	80	10	1	1	8

**Lisbon
Number of Sexual Partners in the Past Year Cited by Persons Age 21 and Over**

	Number of Sexual Partners				
	1	2 or 3	4 or 5	6 or more	No Answer
Men	60	20	6	5	9
Women	79	7	2	2	10

Numbers and AIDS

As of 31 June 1991, 676 Portuguese had contracted AIDS, 54 more than on 31 March. Of the total, 543 were men and 79 women, with 328 residing in Lisbon and 46 in Porto.

By 31 March 1991, 317 Portuguese had died of AIDS. [passage omitted]

AIDS is not a disease for which reporting is compulsory in Portugal.

The AIDS Group is conducting the first epidemiological study among drug addicts. [passage omitted]

Poll Reveals Fear, Awareness of AIDS

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in Portuguese 23 Jul 91 p 2

[Excerpts] The majority of Portuguese consider AIDS to be the most worrying disease of this century, placing it ahead of cancer, hepatitis B, and stress. They are worried, yes, but they are also aware, since two-thirds of the Portuguese consider themselves well informed about the rules for preventing acquired immunodeficiency syndrome. This is revealed by a DIARIO DE NOTICIAS/Marktest poll that included indicators on how informed and concerned the Portuguese are about health.

For example, it is learned that 66.9 percent of the Portuguese have never had a checkup and that 33.1 percent of our citizens nationwide have at some time undergone that type of thorough medical examination as a means of prevention. Of those who have done so, 46.5 percent do so regularly, and 53.5 percent do so only sporadically. Of those who get that type of examination, an overwhelming majority—82.2 percent—consider it "very important," 16.8 percent feel it is "somewhat important," zero percent think it is "not very important," and 1 percent are of the opinion that such an examination is "not important at all."

On the question of which diseases are considered the most worrying of this century, 54.8 percent of the Portuguese feel that AIDS occupies that position, 28.2 percent say it is cancer, 10.2 percent say that hepatitis B is more worrying, and 6.9 percent choose stress.

On the question of how well informed people are concerning AIDS, 76.7 percent of the Portuguese consider themselves well informed about the rules of prevention, and 23.3 percent say they are poorly informed.

Concerning cancer, 25.2 percent of the Portuguese say they have thought about having a scan, but in the case of hepatitis B, only 16.4 percent have thought about doing so. [passage omitted]

Have you ever had a checkup?

Answer	Percent
No	66.9
Yes	33.1

In your opinion, what is the most worrying disease of the century?

Answer	Percent
AIDS	54.8
Cancer	28.2
Hepatitis B	10.2
Stress	6.9

Do you consider yourself well informed about the rules for preventing AIDS?

Answer	Percent
Well informed	76.7
Poorly informed	23.3

Technical Data

This poll is representative of the population over 18 and less than 65 years of age residing in homes with telephones in the areas of Greater Lisbon (municipalities of Lisbon, Oeiras, Cascais, Amadora, Sintra, Loures, and Almada) and Greater Porto (municipalities of Porto, Matosinhos, Vila Nova de Gaia, Gondomar, Valongo, and Maia).

The sample was selected by the quota method on the basis of sex and age.

The homes to be contacted were selected randomly, as was the individual to be interviewed in each home, the proper quota requirements being observed.

A total of 305 individuals were contacted by the telephone interview method during the period between 9 and 18 July 1991.

Considering the size of the sample used, the maximum sampling error ($P=50$) (with a degree of confidence of 95 percent) is 5.6 percent.

The computer-assisted interviews were conducted from Marktest's offices in Lisbon and Porto and were validated and checked using the Marktel system. Responsibility for carrying out the poll belongs to Marktest, which conducted it in accordance with the Code of Practice published by Esomar (European Society for Opinion and Marketing Research), to which Marktest subscribes.

Note: Responsibility for interpreting the results belongs to DIARIO DE NOTICIAS in accordance with the ethical and formal principles contained in the "Journalists Guide to the Publication of Opinion Survey Results" by Robert M. Worcester, published by Esomar.

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